# EXHIBIT F

Page 1

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF VIRGINIA AT CHARLESTON

\*\*\*\*\*\*\* Master File No.
IN RE: 2:12-MD-02327

ETHICON, INC., PELVIC REPAIR MDL 2327

SYSTEM PRODUCTS LIABILITY

LITIGATION JOSEPH R. GOODWIN US District Judge

TONYA EDWARDS, ET AL,

Plaintiffs, Case No.

2:12-CV-09972

ETHICON, INC., ET AL,

v.

Defendants.

JO HUSKEY AND ALLAN HUSKEY,

Plaintiffs, Case No.

v. 2:12-CV-05201

ETHICON, INC., ET AL,

Defendants.

\*\*\*\*\*\*\*\*

DEPOSITION OF VLADIMIR IAKOVLEV, M.D.

Tuesday, March 18th, 2014 8:14 a.m.

Held At:

Hampton Inn Boston Logan Airport 230 Lee Burbank Highway Revere, Massachusetts

REPORTED BY:

Maureen O'Connor Pollard, RMR, CLR, CSR

	Page 2		Page 4
1	APPEARANCES:	1	INDEX
2	FOR THE HUSKEY PLAINTIFFS:	2	EXAMINATION PAGE
3	ROBERT J. McCONNELL, ESQ.	3	VLADIMIR IAKOVLEV, M.D.
4	MOTLEY RICE LLC	4	BY MR. SNELL 5
5	321 South Main Street	5	EXHIBITS
6	Providence, Rhode Island 02903	6	NO. DESCRIPTION PAGE
7	401-457-7700	7	1 Notice of deposition
8	bmcconnell@motleyrice.com	8	2 Rule 26 Expert Report of Dr.
9	onecomen@moteyrice.com	9	Vladimir Iakovlev
10	FOR THE EDWARDS PLAINTIFFS:	10	3 Document titled Facts of Data
11	JOHN FABRY, ESQ.	11	Considered in Forming Opinions 60
12	MUELLER LAW LLC	12	4 Curriculum Vitae of Vladimir
13	404 W. 7th Street	13	Iakovlev60
14	Austin, Texas 78701	14	5 Chain of custody regarding Mrs.
15	512-478-1236	15	Edwards' mesh specimen,192
16	john.fabry@muellerlaw.com	16	6 Slide of paraffin blocks from Mrs.
17	John Habry Comacheria w. com	17	Edwards' explant214
18	FOR THE PLAINTIFFS:	18	7 Slides of paraffin block of Ms.
19	MARGARET M. THOMPSON, M.D., J.D.	19	Edwards' explant214
20	MOTLEY RICE LLC	20	8 Pathology report in Ms. Edwards'
21	28 Bridgeside Boulevard	21	case285
22	Mt. Pleasant, South Carolina 29464	22	9 Dr. Iakovlev's pathology report for
23	843-216-9000	23	Mrs. Edwards' specimen307
24	mmthompson@motleyrice.com	24	17H3. Dawards specimen507
25	minulompson@moneyrice.com	25	
	Page 3		Page 5
1	APPEARANCES (Continued):	1	PROCEEDINGS
2		2	
3	FOR THE DEFENDANTS:	3	VLADIMIR IAKOVLEV, M.D.,
4	NILS B. SNELL, ESQ.	4	having been first duly sworn, was examined and
5	BUTLER SNOW LLP	5	testified as follows:
6	500 Office Center Drive, Suite 400	6	DIRECT EXAMINATION
7	Fort Washington, Pennsylvania 19034	7	BY MR. SNELL:
8	267-513-1885	8	Q. State your full name for the record.
9	burt.snell@butlersnow.com	9	A. Vladimir Iakovlev.
10	-and-	10	Q. And, Doctor, you understand you're
11	M. ANDREW SNOWDEN, ESQ.	11	here today to take the deposition in the Huskey
12	BUTLER SNOW LLP	12	and Edwards cases that are currently pending in
13	150 3rd Avenue South, Suite 1600	13	West Virginia
14	Nashville, Tennessee 37201	14	A. I do.
15	615-651-6700	15	Q against Ethicon?
16	andy.snowden@butlersnow.com	16	A. I do.
17		17	Q. All right. Have you had a taken a
18		18	deposition before?
19		19	A. Yes.
20		20	Q. How many times?
21		21	A. It was three times I mean two
22		22	depositions, but one was split into two
23		23	depositions.
		1	
24		24	Q. Okay. And were those relatively
22		22 23	A. It was three times I mean two depositions, but one was split into two depositions.

2 (Pages 2 to 5)

1	Page 6		Page 8
	A. Yes.	1	A. About two hours.
2	Q. All right. So you understand the	2	Q. Did it take place here at the Hampton
3	rules of a deposition. The only thing I'll	3	Inn?
4	repeat or emphasize is if you don't understand a	4	A. Yes.
5	question, let me know, I'll do my best to	5	Q. What did you do during the meeting
6	rephrase it, repeat it, try to get to something	6	with the Plaintiffs' attorneys, besides
7	you can answer. Okay?	7	obviously talk with them?
8	A. Okay.	8	A. We reviewed the report, and we talked
9	Q. What did you do today to prepare for	9	about the case.
10	your deposition?	10	Q. Did you look at any other documents,
11	A. I reviewed my report.	11	any other materials besides your report?
12	MR. SNELL: Off the record.	12	A. No. We mainly went through the list
13	(Off the record discussion.)	13	of references in the report.
14	BY MR. SNELL:	14	Q. You have in front of you some
15	Q. Is that the sum total of your	15	materials today. Is that your report?
16	preparation for your deposition, reviewing your	16	A. It's a copy of my report.
17	report?	17	Q. Color copy of your report?
18	A. Yes.	18	A. Yes.
19	Q. How long did you review your report	19	Q. All right. The two prior depositions
20	for in preparation for your deposition?	20	you gave, what matters were those in?
21	A. Last night, about two hours.	21	A. Well, the first part is my summary of
22	Q. The Plaintiffs' lawyers who are here	22	my understanding of the processes which are
23	today, had you ever met them before this	23	happening when the mesh is placed in the body.
24	morning?	24	And the second
25	A. Yes, I did.	25	Q. I'm going to stop you. I don't think
	Page 7		Page 9
1	Q. Did you meet with any Plaintiffs'	1	we're communicating.
2	lawyers in preparation for your deposition?	2	I believe you earlier testified you've
3	A. No. I mean this I just met with	3	given two prior depositions?
4	these lawyers.	4	A. Yes.
5	Q. How long?	5	Q. My question was; what types of matters
6	A. How long what?	6	or cases were those?
7	Q. How long was the meeting?	7	A. Oh, previous depositions?
	A. Yesterday?	8	
8	11. Testerday.	0	Q. Yes.
8 9	Q. I thought there wasn't a meeting	9	<ul><li>Q. Yes.</li><li>A. Mesh, transvaginal mesh litigations.</li></ul>
-			
9	Q. I thought there wasn't a meeting	9	A. Mesh, transvaginal mesh litigations.
9 10	Q. I thought there wasn't a meeting yesterday. I thought the only thing you	9	<ul><li>A. Mesh, transvaginal mesh litigations.</li><li>Q. Against which manufacturer or doctors?</li></ul>
9 10 11	Q. I thought there wasn't a meeting yesterday. I thought the only thing you MR. MCCONNELL: I think he	9 10 11	<ul><li>A. Mesh, transvaginal mesh litigations.</li><li>Q. Against which manufacturer or doctors?</li><li>A. Boston Scientific and AMS.</li></ul>
9 10 11 12	Q. I thought there wasn't a meeting yesterday. I thought the only thing you MR. MCCONNELL: I think he misunderstood.	9 10 11 12	<ul><li>A. Mesh, transvaginal mesh litigations.</li><li>Q. Against which manufacturer or doctors?</li><li>A. Boston Scientific and AMS.</li><li>Q. And when did you give that Boston</li></ul>
9 10 11 12	Q. I thought there wasn't a meeting yesterday. I thought the only thing you MR. MCCONNELL: I think he misunderstood. A. I just misunderstood.	9 10 11 12 13	<ul> <li>A. Mesh, transvaginal mesh litigations.</li> <li>Q. Against which manufacturer or doctors?</li> <li>A. Boston Scientific and AMS.</li> <li>Q. And when did you give that Boston</li> <li>Scientific deposition?</li> </ul>
9 10 11 12 13	Q. I thought there wasn't a meeting yesterday. I thought the only thing you MR. MCCONNELL: I think he misunderstood. A. I just misunderstood. Can you repeat the question?	9 10 11 12 13 14	<ul> <li>A. Mesh, transvaginal mesh litigations.</li> <li>Q. Against which manufacturer or doctors?</li> <li>A. Boston Scientific and AMS.</li> <li>Q. And when did you give that Boston</li> <li>Scientific deposition?</li> <li>A. January.</li> </ul>
9 10 11 12 13 14	Q. I thought there wasn't a meeting yesterday. I thought the only thing you MR. MCCONNELL: I think he misunderstood. A. I just misunderstood. Can you repeat the question? BY MR. SNELL: Q. Sure.	9 10 11 12 13 14 15	<ul> <li>A. Mesh, transvaginal mesh litigations.</li> <li>Q. Against which manufacturer or doctors?</li> <li>A. Boston Scientific and AMS.</li> <li>Q. And when did you give that Boston</li> <li>Scientific deposition?</li> <li>A. January.</li> <li>Q. Of this year?</li> </ul>
9 10 11 12 13 14 15 16	Q. I thought there wasn't a meeting yesterday. I thought the only thing you MR. MCCONNELL: I think he misunderstood. A. I just misunderstood. Can you repeat the question? BY MR. SNELL:	9 10 11 12 13 14 15 16	<ul> <li>A. Mesh, transvaginal mesh litigations.</li> <li>Q. Against which manufacturer or doctors?</li> <li>A. Boston Scientific and AMS.</li> <li>Q. And when did you give that Boston</li> <li>Scientific deposition?</li> <li>A. January.</li> <li>Q. Of this year?</li> <li>A. Yes.</li> </ul>
9 10 11 12 13 14 15 16 17	Q. I thought there wasn't a meeting yesterday. I thought the only thing you MR. MCCONNELL: I think he misunderstood. A. I just misunderstood. Can you repeat the question? BY MR. SNELL: Q. Sure. Did you meet with any of the	9 10 11 12 13 14 15 16 17	<ul> <li>A. Mesh, transvaginal mesh litigations.</li> <li>Q. Against which manufacturer or doctors?</li> <li>A. Boston Scientific and AMS.</li> <li>Q. And when did you give that Boston</li> <li>Scientific deposition?</li> <li>A. January.</li> <li>Q. Of this year?</li> <li>A. Yes.</li> <li>Q. And the AMS deposition?</li> </ul>
9 10 11 12 13 14 15 16 17	Q. I thought there wasn't a meeting yesterday. I thought the only thing you MR. MCCONNELL: I think he misunderstood. A. I just misunderstood. Can you repeat the question? BY MR. SNELL: Q. Sure. Did you meet with any of the Plaintiffs' lawyers to prepare for your deposition?	9 10 11 12 13 14 15 16 17	<ul> <li>A. Mesh, transvaginal mesh litigations.</li> <li>Q. Against which manufacturer or doctors?</li> <li>A. Boston Scientific and AMS.</li> <li>Q. And when did you give that Boston</li> <li>Scientific deposition?</li> <li>A. January.</li> <li>Q. Of this year?</li> <li>A. Yes.</li> <li>Q. And the AMS deposition?</li> <li>A. February, and the second session was about two weeks ago.</li> </ul>
9 10 11 12 13 14 15 16 17 18	Q. I thought there wasn't a meeting yesterday. I thought the only thing you MR. MCCONNELL: I think he misunderstood. A. I just misunderstood. Can you repeat the question? BY MR. SNELL: Q. Sure. Did you meet with any of the Plaintiffs' lawyers to prepare for your deposition? A. Yesterday. Yes, we did.	9 10 11 12 13 14 15 16 17 18	<ul> <li>A. Mesh, transvaginal mesh litigations.</li> <li>Q. Against which manufacturer or doctors?</li> <li>A. Boston Scientific and AMS.</li> <li>Q. And when did you give that Boston</li> <li>Scientific deposition?</li> <li>A. January.</li> <li>Q. Of this year?</li> <li>A. Yes.</li> <li>Q. And the AMS deposition?</li> <li>A. February, and the second session was</li> </ul>
9 10 11 12 13 14 15 16 17 18 19 20	Q. I thought there wasn't a meeting yesterday. I thought the only thing you MR. MCCONNELL: I think he misunderstood. A. I just misunderstood. Can you repeat the question? BY MR. SNELL: Q. Sure. Did you meet with any of the Plaintiffs' lawyers to prepare for your deposition? A. Yesterday. Yes, we did. Q. Yesterday or any day to prepare for	9 10 11 12 13 14 15 16 17 18 19 20	<ul> <li>A. Mesh, transvaginal mesh litigations.</li> <li>Q. Against which manufacturer or doctors?</li> <li>A. Boston Scientific and AMS.</li> <li>Q. And when did you give that Boston</li> <li>Scientific deposition?</li> <li>A. January.</li> <li>Q. Of this year?</li> <li>A. Yes.</li> <li>Q. And the AMS deposition?</li> <li>A. February, and the second session was about two weeks ago.</li> <li>Q. February of 2014, March, 2014?</li> <li>A. Yes.</li> </ul>
9 10 11 12 13 14 15 16 17 18 19 20 21	Q. I thought there wasn't a meeting yesterday. I thought the only thing you MR. MCCONNELL: I think he misunderstood. A. I just misunderstood. Can you repeat the question? BY MR. SNELL: Q. Sure. Did you meet with any of the Plaintiffs' lawyers to prepare for your deposition? A. Yesterday. Yes, we did. Q. Yesterday or any day to prepare for this deposition today.	9 10 11 12 13 14 15 16 17 18 19 20 21	<ul> <li>A. Mesh, transvaginal mesh litigations.</li> <li>Q. Against which manufacturer or doctors?</li> <li>A. Boston Scientific and AMS.</li> <li>Q. And when did you give that Boston</li> <li>Scientific deposition?</li> <li>A. January.</li> <li>Q. Of this year?</li> <li>A. Yes.</li> <li>Q. And the AMS deposition?</li> <li>A. February, and the second session was about two weeks ago.</li> <li>Q. February of 2014, March, 2014?</li> <li>A. Yes.</li> <li>Q. Have you given any other deposition</li> </ul>
9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. I thought there wasn't a meeting yesterday. I thought the only thing you MR. MCCONNELL: I think he misunderstood. A. I just misunderstood. Can you repeat the question? BY MR. SNELL: Q. Sure. Did you meet with any of the Plaintiffs' lawyers to prepare for your deposition? A. Yesterday. Yes, we did. Q. Yesterday or any day to prepare for this deposition today. A. We met yesterday.	9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>A. Mesh, transvaginal mesh litigations.</li> <li>Q. Against which manufacturer or doctors?</li> <li>A. Boston Scientific and AMS.</li> <li>Q. And when did you give that Boston</li> <li>Scientific deposition?</li> <li>A. January.</li> <li>Q. Of this year?</li> <li>A. Yes.</li> <li>Q. And the AMS deposition?</li> <li>A. February, and the second session was about two weeks ago.</li> <li>Q. February of 2014, March, 2014?</li> <li>A. Yes.</li> </ul>
9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. I thought there wasn't a meeting yesterday. I thought the only thing you MR. MCCONNELL: I think he misunderstood. A. I just misunderstood. Can you repeat the question? BY MR. SNELL: Q. Sure. Did you meet with any of the Plaintiffs' lawyers to prepare for your deposition? A. Yesterday. Yes, we did. Q. Yesterday or any day to prepare for this deposition today.	9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	<ul> <li>A. Mesh, transvaginal mesh litigations.</li> <li>Q. Against which manufacturer or doctors?</li> <li>A. Boston Scientific and AMS.</li> <li>Q. And when did you give that Boston</li> <li>Scientific deposition?</li> <li>A. January.</li> <li>Q. Of this year?</li> <li>A. Yes.</li> <li>Q. And the AMS deposition?</li> <li>A. February, and the second session was about two weeks ago.</li> <li>Q. February of 2014, March, 2014?</li> <li>A. Yes.</li> <li>Q. Have you given any other deposition testimony?</li> </ul>

	Page 10		Page 12
1	do you know if that was also for West Virginia	1	Do you have documents relating to
2	cases, or was that New Jersey, or some other	2	fees, billing, or time spent in this litigation?
3	state?	3	A. I haven't billed for this litigation
4	A. There were three, I believe,	4	yet. It's pretty early, and I'm probably slow
5	litigation processes. One was West Virginia,	5	in billing. And I'm not sure if I can provide
6	one was Massachusetts.	6	billing information for the other litigation.
7	Q. And for AMS, do you have an	7	Q. Well, do you have billing information
8	understanding of where that litigation was that	8	for the Boston Scientific information?
9	you were testifying in; West Virginia,	9	A. As I said, no, I have not done billing
10	Massachusetts, New Jersey?	10	for my for Boston Scientific work.
11	A. I'm not sure. I'm not sure. I don't	11	Q. Have you done any billing information
12	want to confuse things.	12	for strike that.
13	Q. I don't want you to guess. If you	13	Have you done any billing for AMS?
14	know you know, if you don't you don't.	14	A. Yes, I've done.
15	(Whereupon, Iakovlev Exhibit Number 1,	15	Q. Did you bring that today?
16	Notice of deposition, was marked for	16	A. No, because I'm not sure if I can give
17	identification.)	17	it to you.
18	BY MR. SNELL:	18	Q. Well, the attorneys here would be able
19	Q. Doctor, I'm going to hand you a notice	19	to let you know that. Your job as the witness
20	to take your deposition. Give counsel a copy	20	is to bring materials, and if they have an
21	(handing). This has been marked as Exhibit 1.	21	objection they can pose their objection.
22	Have you seen this document before?	22	MR. MCCONNELL: Well, you know
23	A. Yes.	23	MR. SNELL: I'll just put on the
24	Q. Okay. And can you tell me the	24	record obviously
25	materials you brought in response to the notice	25	MR. MCCONNELL: You can put on the
23	materials you orought in response to the notice	23	With Weedstalle. Tou can put on the
	Page 11		Page 13
			1490 13
1	to take your deposition?	1	record what you want.
1 2	A. I didn't bring anything except for the	1 2	record what you want.  MR. SNELL: it goes to bias.
			record what you want.
2	A. I didn't bring anything except for the copy of my report.     Q. Why not?	2	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation
2 3	<ul> <li>A. I didn't bring anything except for the copy of my report.</li> <li>Q. Why not?</li> <li>A. Some questions were some items were</li> </ul>	2 3	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You
2 3 4	A. I didn't bring anything except for the copy of my report.     Q. Why not?	2 3 4	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him
2 3 4 5	<ul><li>A. I didn't bring anything except for the copy of my report.</li><li>Q. Why not?</li><li>A. Some questions were some items were</li></ul>	2 3 4 5	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You
2 3 4 5 6	<ul> <li>A. I didn't bring anything except for the copy of my report.</li> <li>Q. Why not?</li> <li>A. Some questions were some items were so broad, or I wouldn't be able to bring them</li> </ul>	2 3 4 5 6	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him
2 3 4 5 6 7	<ul> <li>A. I didn't bring anything except for the copy of my report.</li> <li>Q. Why not?</li> <li>A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.</li> <li>Q. Well, did you make any effort whatsoever to sit down and bring strike that.</li> </ul>	2 3 4 5 6 7	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But
2 3 4 5 6 7 8	<ul> <li>A. I didn't bring anything except for the copy of my report.</li> <li>Q. Why not?</li> <li>A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.</li> <li>Q. Well, did you make any effort</li> </ul>	2 3 4 5 6 7 8	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other
2 3 4 5 6 7 8	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?	2 3 4 5 6 7 8 9	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.
2 3 4 5 6 7 8 9	<ul> <li>A. I didn't bring anything except for the copy of my report.</li> <li>Q. Why not?</li> <li>A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.</li> <li>Q. Well, did you make any effort whatsoever to sit down and bring strike that.</li> <li>Did you make any effort whatsoever to</li> </ul>	2 3 4 5 6 7 8 9	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is
2 3 4 5 6 7 8 9 10	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?	2 3 4 5 6 7 8 9 10	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is obviously it goes to bias. It is discoverable.
2 3 4 5 6 7 8 9 10 11	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?  A. I can provide the samples which were	2 3 4 5 6 7 8 9 10 11	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is
2 3 4 5 6 7 8 9 10 11 12 13	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?  A. I can provide the samples which were given to me within this litigation, remaining	2 3 4 5 6 7 8 9 10 11 12 13	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is obviously it goes to bias. It is discoverable.  And it's been requested to be produced, it's not here. So we'll take it up with the Court. And
2 3 4 5 6 7 8 9 10 11 12 13 14	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?  A. I can provide the samples which were given to me within this litigation, remaining samples. I can provide that under my pictures.	2 3 4 5 6 7 8 9 10 11 12 13 14	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is obviously it goes to bias. It is discoverable.  And it's been requested to be produced, it's not
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?  A. I can provide the samples which were given to me within this litigation, remaining samples. I can provide that under my pictures.  But I cannot provide patient material or	2 3 4 5 6 7 8 9 10 11 12 13 14 15	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is obviously it goes to bias. It is discoverable.  And it's been requested to be produced, it's not here. So we'll take it up with the Court. And
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?  A. I can provide the samples which were given to me within this litigation, remaining samples. I can provide that under my pictures.  But I cannot provide patient material or patient the information containing	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is obviously it goes to bias. It is discoverable.  And it's been requested to be produced, it's not here. So we'll take it up with the Court. And if you know, we're going to be seeing each
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?  A. I can provide the samples which were given to me within this litigation, remaining samples. I can provide that under my pictures. But I cannot provide patient material or patient the information containing confidential patient information.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is obviously it goes to bias. It is discoverable.  And it's been requested to be produced, it's not here. So we'll take it up with the Court. And if you know, we're going to be seeing each other another day, so this is the least of my
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?  A. I can provide the samples which were given to me within this litigation, remaining samples. I can provide that under my pictures.  But I cannot provide patient material or patient the information containing confidential patient information.  And some items were simply so broad,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is obviously it goes to bias. It is discoverable.  And it's been requested to be produced, it's not here. So we'll take it up with the Court. And if you know, we're going to be seeing each other another day, so this is the least of my concerns.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?  A. I can provide the samples which were given to me within this litigation, remaining samples. I can provide that under my pictures. But I cannot provide patient material or patient the information containing confidential patient information.  And some items were simply so broad, that incorporates whole my career, so I cannot	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is obviously it goes to bias. It is discoverable.  And it's been requested to be produced, it's not here. So we'll take it up with the Court. And if you know, we're going to be seeing each other another day, so this is the least of my concerns.  MR. FABRY: Can we have an agreement
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?  A. I can provide the samples which were given to me within this litigation, remaining samples. I can provide that under my pictures. But I cannot provide patient material or patient the information containing confidential patient information.  And some items were simply so broad, that incorporates whole my career, so I cannot do that.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is obviously it goes to bias. It is discoverable.  And it's been requested to be produced, it's not here. So we'll take it up with the Court. And if you know, we're going to be seeing each other another day, so this is the least of my concerns.  MR. FABRY: Can we have an agreement that if I object, or if Bob objects, that's good
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?  A. I can provide the samples which were given to me within this litigation, remaining samples. I can provide that under my pictures. But I cannot provide patient material or patient the information containing confidential patient information.  And some items were simply so broad, that incorporates whole my career, so I cannot do that.  Q. Let's go through them one by one then.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is obviously it goes to bias. It is discoverable.  And it's been requested to be produced, it's not here. So we'll take it up with the Court. And if you know, we're going to be seeing each other another day, so this is the least of my concerns.  MR. FABRY: Can we have an agreement that if I object, or if Bob objects, that's good for both parties?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?  A. I can provide the samples which were given to me within this litigation, remaining samples. I can provide that under my pictures. But I cannot provide patient material or patient the information containing confidential patient information.  And some items were simply so broad, that incorporates whole my career, so I cannot do that.  Q. Let's go through them one by one then.  You're looking at Schedule A, item	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is obviously it goes to bias. It is discoverable. And it's been requested to be produced, it's not here. So we'll take it up with the Court. And if you know, we're going to be seeing each other another day, so this is the least of my concerns.  MR. FABRY: Can we have an agreement that if I object, or if Bob objects, that's good for both parties?  MR. SNELL: Yes. I don't know who
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. I didn't bring anything except for the copy of my report.  Q. Why not?  A. Some questions were some items were so broad, or I wouldn't be able to bring them due to confidentiality issues or other issues.  Q. Well, did you make any effort whatsoever to sit down and bring strike that.  Did you make any effort whatsoever to bring any materials in response to the notice?  A. I can provide the samples which were given to me within this litigation, remaining samples. I can provide that under my pictures. But I cannot provide patient material or patient the information containing confidential patient information.  And some items were simply so broad, that incorporates whole my career, so I cannot do that.  Q. Let's go through them one by one then.  You're looking at Schedule A, item number 1, "All documents relating to fees,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	record what you want.  MR. SNELL: it goes to bias.  MR. McCONNELL: I don't think our position is billing from other litigation against other Defendants is not producible. You can ask him particularly you can ask him approximately how much he may have billed. But the billing that he would send for other litigation is this litigation you have a right to, he hasn't done it. Other litigation, it's not producible.  MR. SNELL: I mean our position is obviously it goes to bias. It is discoverable. And it's been requested to be produced, it's not here. So we'll take it up with the Court. And if you know, we're going to be seeing each other another day, so this is the least of my concerns.  MR. FABRY: Can we have an agreement that if I object, or if Bob objects, that's good for both parties?  MR. SNELL: Yes. I don't know who represents who.

	Page 14		Page 16
1	Huskey and Edwards?	1	sample?
2	MR. FABRY: No, I'm representing Tonya	2	A. The report combines my knowledge of
3	Edwards.	3	not just Ethicon meshes. Ethicon meshes were
4	MR. McCONNELL: I'm representing	4	used to see if they follow the pattern and if
5	Ms. Huskey, Bob McConnell.	5	they're the same findings. So specifically
6	MR. SNELL: Of course, unless it's	6	those samples were just six.
7	obviously specific to one of the	7	But as I stated in the report, I
8	MR. FABRY: Understood.	8	examined 130 samples since the beginning of my
9	MR. SNELL: All right.	9	interest in implantable meshes.
10	MR. FABRY: We'll also object to the	10	Q. Have you prepared an invoice for the
11	timing of this, of the notice.	11	Ethicon litigation?
12	MR. SNELL: That's fine. I don't	12	A. No.
13	believe we got dates until very recently	13	Q. Estimate the total time strike
14	anyways, right?	14	that.
15	BY MR. SNELL:	15	Can you estimate for me how much you
16	Q. How much time have you spent in this	16	intend to charge for the Ethicon litigation if
17	litigation, the Ethicon litigation?	17	you were to submit a bill for all your time up
18	A. Specifically to prepare the report?	18	until yesterday?
19	Q. No, in total in the Ethicon	19	A. So as I said, about ten hours for
20	litigation, how much time have you spent?	20	statement, six patients by two hours, 12. 22
21	A. Approximately it took me ten hours to	21	hours, 22, 25 hours.
22	prepare the report, analyze samples. Takes	22	
23	about two hours per sample. Maybe another three	23	Q. Do you have a rate sheet, something
24		24	that is written that documents how much you
25	hours to work on pictures. And then on top of that, you have to add all time I spent in	25	charge for your expert work?  A. Yes, it's in there, it's 400. I don't
25	that, you have to add an time I spent in	25	A. Tes, its in there, its 400. I don't
	Page 15		Page 17
1	researching implantable meshes in my career, so	1	have a scale for different procedures. \$400
2	I don't know how far we can extend all that.	2	flat rate, 400 an hour flat rate.
3	Q. How much do you charge for report	3	I am not making a living as an expert.
4	preparation?	1	
		4	I have no I had no knowledge about litigation
5	A. I charge \$400 per hour. \$400 per	5	I have no I had no knowledge about litigation when I started working on meshes. My main work
5 6			
	A. I charge \$400 per hour. \$400 per	5	when I started working on meshes. My main work
6	A. I charge \$400 per hour. \$400 per hour.	5 6	when I started working on meshes. My main work is diagnostic work at the hospital, and academic
6 7	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a	5 6 7	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.
6 7 8	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?	5 6 7 8	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record
6 7 8 9	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.	5 6 7 8 9	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce
6 7 8 9 10	<ul> <li>A. I charge \$400 per hour. \$400 per hour.</li> <li>Q. How much do you charge for giving a deposition?</li> <li>A. \$400 an hour.</li> <li>Q. How much do you charge for attending a</li> </ul>	5 6 7 8 9	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.
6 7 8 9 10 11	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.  Q. How much do you charge for attending a trial?	5 6 7 8 9 10	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.  BY MR. SNELL:
6 7 8 9 10 11	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.  Q. How much do you charge for attending a trial?  A. \$400 an hour.	5 6 7 8 9 10 11 12	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.  BY MR. SNELL:  Q. This asked for an updated CV. I know
6 7 8 9 10 11 12	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.  Q. How much do you charge for attending a trial?  A. \$400 an hour.  Q. And how many samples did you prepare	5 6 7 8 9 10 11 12 13	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.  BY MR. SNELL:  Q. This asked for an updated CV. I know there's a CV attached to your report, that was
6 7 8 9 10 11 12 13	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.  Q. How much do you charge for attending a trial?  A. \$400 an hour.  Q. And how many samples did you prepare in this Ethicon litigation?	5 6 7 8 9 10 11 12 13 14	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.  BY MR. SNELL:  Q. This asked for an updated CV. I know there's a CV attached to your report, that was produced with your report. Is that current as
6 7 8 9 10 11 12 13 14	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.  Q. How much do you charge for attending a trial?  A. \$400 an hour.  Q. And how many samples did you prepare in this Ethicon litigation?  A. It's in the report. I believe it's	5 6 7 8 9 10 11 12 13 14 15	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.  BY MR. SNELL:  Q. This asked for an updated CV. I know there's a CV attached to your report, that was produced with your report. Is that current as we sit here today?
6 7 8 9 10 11 12 13 14 15	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.  Q. How much do you charge for attending a trial?  A. \$400 an hour.  Q. And how many samples did you prepare in this Ethicon litigation?  A. It's in the report. I believe it's six. So I had six TVT Ethicon slings,	5 6 7 8 9 10 11 12 13 14 15	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.  BY MR. SNELL:  Q. This asked for an updated CV. I know there's a CV attached to your report, that was produced with your report. Is that current as we sit here today?  A. Yes, it is current.
6 7 8 9 10 11 12 13 14 15 16	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.  Q. How much do you charge for attending a trial?  A. \$400 an hour.  Q. And how many samples did you prepare in this Ethicon litigation?  A. It's in the report. I believe it's six. So I had six TVT Ethicon slings, identified as Ethicon slings.	5 6 7 8 9 10 11 12 13 14 15 16 17	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.  BY MR. SNELL:  Q. This asked for an updated CV. I know there's a CV attached to your report, that was produced with your report. Is that current as we sit here today?  A. Yes, it is current.  Q. No more publications or anything like
6 7 8 9 10 11 12 13 14 15 16 17	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.  Q. How much do you charge for attending a trial?  A. \$400 an hour.  Q. And how many samples did you prepare in this Ethicon litigation?  A. It's in the report. I believe it's six. So I had six TVT Ethicon slings, identified as Ethicon slings.  Q. And so those are what you're referring	5 6 7 8 9 10 11 12 13 14 15 16 17	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.  BY MR. SNELL:  Q. This asked for an updated CV. I know there's a CV attached to your report, that was produced with your report. Is that current as we sit here today?  A. Yes, it is current.  Q. No more publications or anything like that?
6 7 8 9 10 11 12 13 14 15 16 17 18	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.  Q. How much do you charge for attending a trial?  A. \$400 an hour.  Q. And how many samples did you prepare in this Ethicon litigation?  A. It's in the report. I believe it's six. So I had six TVT Ethicon slings, identified as Ethicon slings.  Q. And so those are what you're referring to with regard to two hours per sample?	5 6 7 8 9 10 11 12 13 14 15 16 17 18	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.  BY MR. SNELL:  Q. This asked for an updated CV. I know there's a CV attached to your report, that was produced with your report. Is that current as we sit here today?  A. Yes, it is current.  Q. No more publications or anything like that?  A. Nothing.
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.  Q. How much do you charge for attending a trial?  A. \$400 an hour.  Q. And how many samples did you prepare in this Ethicon litigation?  A. It's in the report. I believe it's six. So I had six TVT Ethicon slings, identified as Ethicon slings.  Q. And so those are what you're referring to with regard to two hours per sample?  A. Any. Any mesh sample would take me,	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.  BY MR. SNELL:  Q. This asked for an updated CV. I know there's a CV attached to your report, that was produced with your report. Is that current as we sit here today?  A. Yes, it is current.  Q. No more publications or anything like that?  A. Nothing.  Q. "All documents" Number 3, all
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.  Q. How much do you charge for attending a trial?  A. \$400 an hour.  Q. And how many samples did you prepare in this Ethicon litigation?  A. It's in the report. I believe it's six. So I had six TVT Ethicon slings, identified as Ethicon slings.  Q. And so those are what you're referring to with regard to two hours per sample?  A. Any. Any mesh sample would take me, for thorough examination, about two hours.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.  BY MR. SNELL:  Q. This asked for an updated CV. I know there's a CV attached to your report, that was produced with your report. Is that current as we sit here today?  A. Yes, it is current.  Q. No more publications or anything like that?  A. Nothing.  Q. "All documents" Number 3, all documents prepared by you or at your direction
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.  Q. How much do you charge for attending a trial?  A. \$400 an hour.  Q. And how many samples did you prepare in this Ethicon litigation?  A. It's in the report. I believe it's six. So I had six TVT Ethicon slings, identified as Ethicon slings.  Q. And so those are what you're referring to with regard to two hours per sample?  A. Any. Any mesh sample would take me, for thorough examination, about two hours.  Q. Okay.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.  BY MR. SNELL:  Q. This asked for an updated CV. I know there's a CV attached to your report, that was produced with your report. Is that current as we sit here today?  A. Yes, it is current.  Q. No more publications or anything like that?  A. Nothing.  Q. "All documents" Number 3, all documents prepared by you or at your direction in connection with your expected testimony, or
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. I charge \$400 per hour. \$400 per hour.  Q. How much do you charge for giving a deposition?  A. \$400 an hour.  Q. How much do you charge for attending a trial?  A. \$400 an hour.  Q. And how many samples did you prepare in this Ethicon litigation?  A. It's in the report. I believe it's six. So I had six TVT Ethicon slings, identified as Ethicon slings.  Q. And so those are what you're referring to with regard to two hours per sample?  A. Any. Any mesh sample would take me, for thorough examination, about two hours.  Q. Okay.  A. Including Ethicon or any other.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	when I started working on meshes. My main work is diagnostic work at the hospital, and academic work, research, teaching.  MR. SNELL: Just note on the record request to produce AMS; request to produce Boston Scientific.  BY MR. SNELL:  Q. This asked for an updated CV. I know there's a CV attached to your report, that was produced with your report. Is that current as we sit here today?  A. Yes, it is current.  Q. No more publications or anything like that?  A. Nothing.  Q. "All documents" Number 3, all documents prepared by you or at your direction in connection with your expected testimony, or the development of your opinion or belief, and

	Page 18		Page 20
1	A. Everything I put for this case, for	1	A. They're just copy of the same image.
2	this litigation, is in the report. All pictures	2	BY MR. SNELL:
3	and everything I prepared is in the report. I	3	Q. But they would be at different power
4	may produce something else for the trial if it	4	levels?
5	goes for trial, but I don't have it right now.	5	A. Yes. Or focusing, maybe I didn't like
6	Q. What may you produce for the trial?	6	the focusing, so refocused.
7	A. Maybe larger picture, or a model,	7	Q. They may be of a different part of the
8	something like that, for demonstration purposes.	8	specimen?
9	Q. Your report has photographs of some of	9	A. Possible. I don't remember now.
10	the pathology specimens in Mrs. Edwards' case,	10	Q. Okay.
11	correct?	11	A. I could have taken the same feature,
12	A. Yes. Yes. Edwards had pictures.	12	like a muscle. I see muscle here, I see muscle
13	Yes.	13	there, but then again I cannot end up with 300
14	Q. Specifically if we turn to the back,	14	pictures in my report.
15	towards the back, there's a series of	15	Q. But you didn't bring them here today?
16	photographs that begin on Page 58 labeled TE1.	16	A. No.
17	A. Mm-hmm.	17	MR. SNELL: So request to produce
18	Q. And they run to Page 71 ending at	18	those.
19	Figure TE10b?	19	BY MR. SNELL:
20	A. Yes.	20	Q. And please preserve the metadata on
21	Q. Are those all of the photographs that	21	those. Do you know what that is? How about;
22	you took of the pathology in Mrs. Edwards' case?	22	I'd like to request electronic copies of those,
23	A. Most likely. I could have taken	23	if that's okay.
24	several shots and just different exposure or	24	A. Sure. You mean raw files?
25	something, yeah.	25	Q. Native files.
	Page 19		Page 21
1	Q. So you could have taken other	1	A. Okay. Sure.
2	photographs, but these are the ones you decided		
		2	Q. Did you personally take the
3	to include in your report?	3	photographs?
4	to include in your report?  A. Yes. Well, I can take endless number	3 4	photographs? A. Yes.
4 5	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my	3 4 5	photographs?  A. Yes.  Q. Okay. Have you selected any
4 5 6	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the	3 4 5 6	photographs?  A. Yes.  Q. Okay. Have you selected any photographs for trial that you plan to blow up
4 5 6 7	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.	3 4 5 6 7	photographs?  A. Yes. Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?
4 5 6 7 8	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of	3 4 5 6 7 8	photographs?  A. Yes. Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?  A. No.
4 5 6 7 8 9	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not	3 4 5 6 7 8	photographs?  A. Yes.  Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?  A. No.  Q. You said a model. What type of model
4 5 6 7 8 9	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?	3 4 5 6 7 8 9	photographs?  A. Yes.  Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?  A. No.  Q. You said a model. What type of model are you talking about that you may produce for
4 5 6 7 8 9 10	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken	3 4 5 6 7 8 9 10	photographs?  A. Yes.  Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?  A. No.  Q. You said a model. What type of model are you talking about that you may produce for trial?
4 5 6 7 8 9 10 11	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken different frames or exposures. I have raw	3 4 5 6 7 8 9 10 11 12	photographs?  A. Yes. Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?  A. No. Q. You said a model. What type of model are you talking about that you may produce for trial?  A. Like a three-dimensional model just to
4 5 6 7 8 9 10 11 12 13	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken different frames or exposures. I have raw files. As a photographer you take several	3 4 5 6 7 8 9 10 11 12 13	photographs?  A. Yes.  Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?  A. No.  Q. You said a model. What type of model are you talking about that you may produce for trial?  A. Like a three-dimensional model just to show how mesh looks under microscope, because
4 5 6 7 8 9 10 11 12 13 14	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken different frames or exposures. I have raw files. As a photographer you take several shots, and then you pick the best one.	3 4 5 6 7 8 9 10 11 12 13 14	photographs?  A. Yes. Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?  A. No. Q. You said a model. What type of model are you talking about that you may produce for trial?  A. Like a three-dimensional model just to show how mesh looks under microscope, because it's hard for people to understand
4 5 6 7 8 9 10 11 12 13 14 15	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken different frames or exposures. I have raw files. As a photographer you take several shots, and then you pick the best one.  Q. I understand that.	3 4 5 6 7 8 9 10 11 12 13 14 15	photographs?  A. Yes.  Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?  A. No.  Q. You said a model. What type of model are you talking about that you may produce for trial?  A. Like a three-dimensional model just to show how mesh looks under microscope, because it's hard for people to understand two-dimensional cuts of a three-dimensional
4 5 6 7 8 9 10 11 12 13 14 15 16	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken different frames or exposures. I have raw files. As a photographer you take several shots, and then you pick the best one.  Q. I understand that.  So did you bring those additional	3 4 5 6 7 8 9 10 11 12 13 14 15 16	photographs?  A. Yes.  Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?  A. No.  Q. You said a model. What type of model are you talking about that you may produce for trial?  A. Like a three-dimensional model just to show how mesh looks under microscope, because it's hard for people to understand two-dimensional cuts of a three-dimensional structure.
4 5 6 7 8 9 10 11 12 13 14 15 16 17	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken different frames or exposures. I have raw files. As a photographer you take several shots, and then you pick the best one.  Q. I understand that.  So did you bring those additional photographs today?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	photographs?  A. Yes. Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger? A. No. Q. You said a model. What type of model are you talking about that you may produce for trial? A. Like a three-dimensional model just to show how mesh looks under microscope, because it's hard for people to understand two-dimensional cuts of a three-dimensional structure. Q. Have you prepared this 3D model?
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken different frames or exposures. I have raw files. As a photographer you take several shots, and then you pick the best one.  Q. I understand that.  So did you bring those additional photographs today?  A. No.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	photographs?  A. Yes. Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger? A. No. Q. You said a model. What type of model are you talking about that you may produce for trial?  A. Like a three-dimensional model just to show how mesh looks under microscope, because it's hard for people to understand two-dimensional cuts of a three-dimensional structure. Q. Have you prepared this 3D model? A. No.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken different frames or exposures. I have raw files. As a photographer you take several shots, and then you pick the best one.  Q. I understand that.  So did you bring those additional photographs today?  A. No.  Q. Do you have them on your computer	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	photographs?  A. Yes. Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger? A. No. Q. You said a model. What type of model are you talking about that you may produce for trial? A. Like a three-dimensional model just to show how mesh looks under microscope, because it's hard for people to understand two-dimensional cuts of a three-dimensional structure. Q. Have you prepared this 3D model? A. No. Q. Have you prepared it for any other
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken different frames or exposures. I have raw files. As a photographer you take several shots, and then you pick the best one.  Q. I understand that.  So did you bring those additional photographs today?  A. No.  Q. Do you have them on your computer somewhere in Toronto?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	photographs?  A. Yes. Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger? A. No. Q. You said a model. What type of model are you talking about that you may produce for trial? A. Like a three-dimensional model just to show how mesh looks under microscope, because it's hard for people to understand two-dimensional cuts of a three-dimensional structure. Q. Have you prepared this 3D model? A. No. Q. Have you prepared it for any other litigation?
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken different frames or exposures. I have raw files. As a photographer you take several shots, and then you pick the best one.  Q. I understand that.  So did you bring those additional photographs today?  A. No.  Q. Do you have them on your computer somewhere in Toronto?  A. They're saved, yes.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	photographs?  A. Yes. Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?  A. No. Q. You said a model. What type of model are you talking about that you may produce for trial?  A. Like a three-dimensional model just to show how mesh looks under microscope, because it's hard for people to understand two-dimensional cuts of a three-dimensional structure.  Q. Have you prepared this 3D model? A. No. Q. Have you prepared it for any other litigation? A. No.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken different frames or exposures. I have raw files. As a photographer you take several shots, and then you pick the best one.  Q. I understand that.  So did you bring those additional photographs today?  A. No.  Q. Do you have them on your computer somewhere in Toronto?  A. They're saved, yes.  Q. I'm sorry?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	photographs?  A. Yes.  Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?  A. No.  Q. You said a model. What type of model are you talking about that you may produce for trial?  A. Like a three-dimensional model just to show how mesh looks under microscope, because it's hard for people to understand two-dimensional cuts of a three-dimensional structure.  Q. Have you prepared this 3D model?  A. No.  Q. Have you prepared it for any other litigation?  A. No.  Q. What software would you use to prepare
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken different frames or exposures. I have raw files. As a photographer you take several shots, and then you pick the best one.  Q. I understand that.  So did you bring those additional photographs today?  A. No.  Q. Do you have them on your computer somewhere in Toronto?  A. They're saved, yes.  Q. I'm sorry?  A. They're saved on the hard drive, yes.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	photographs?  A. Yes.  Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?  A. No.  Q. You said a model. What type of model are you talking about that you may produce for trial?  A. Like a three-dimensional model just to show how mesh looks under microscope, because it's hard for people to understand two-dimensional cuts of a three-dimensional structure.  Q. Have you prepared this 3D model?  A. No.  Q. Have you prepared it for any other litigation?  A. No.  Q. What software would you use to prepare the 3D model?
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	to include in your report?  A. Yes. Well, I can take endless number of pictures. These were taken to demonstrate my findings, my conclusions, not to document the case. These are demonstrations.  Q. Did you take any other photographs of Mrs. Edwards' pathology specimens that were not put into your report?  A. As I said, I could have taken different frames or exposures. I have raw files. As a photographer you take several shots, and then you pick the best one.  Q. I understand that.  So did you bring those additional photographs today?  A. No.  Q. Do you have them on your computer somewhere in Toronto?  A. They're saved, yes.  Q. I'm sorry?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	photographs?  A. Yes.  Q. Okay. Have you selected any photographs for trial that you plan to blow up or, you know, make larger?  A. No.  Q. You said a model. What type of model are you talking about that you may produce for trial?  A. Like a three-dimensional model just to show how mesh looks under microscope, because it's hard for people to understand two-dimensional cuts of a three-dimensional structure.  Q. Have you prepared this 3D model?  A. No.  Q. Have you prepared it for any other litigation?  A. No.  Q. What software would you use to prepare

	Page 22		Page 24
1	but simple actual model, physical, out of like	1	about whether or not you could produce these
2	cables.	2	materials that you didn't bring but which you
3	Q. You mentioned cables. What type of	3	have?
4	cables?	4	A. Yes, we discussed this.
5	A. Any round structure with enough	5	Q. When?
6	stiffness to simulate the polypropylene filament	6	A. We discussed this yesterday.
7	so it holds the shape.	7	Q. Yesterday when you were here in
8	Q. Are you referencing like a metal	8	Boston?
9	cable?	9	A. Yes.
10	A. No. But I'm referencing cables with	10	Q. Where did you come from to get to
11	plastic insulation, so it would be about the	11	Boston?
12	same stiffness. Or it can be hose, it doesn't	12	A. Toronto.
13	have to be a cable.	13	Q. You came in yesterday, then, from
14	MR. McCONNELL: Go off the record for	14	Toronto?
15	just a second.	15	A. Yes.
16	(Off the record discussion.)	16	Q. The tests that you did in this
17	BY MR. SNELL:	17	litigation, can you tell me what those were?
18	Q. So we have this is your final	18	A. What do you define, "test"? Test is a
19	report, and your only report?	19	pathological examination, it's microscopic
20	A. Yes.	20	images and microscopic descriptions, tests of
21	Q. Did you prepare any reports for the	21	physical device, of a new device, it's also in
22	other litigations, the AMS or Boston Scientific	22	the described in the report.
23	litigations?	23	Q. So the tests done in this litigation
24	A. Yes, I did.	24	are you reviewed pathologic specimens and
25	Q. Did you bring those here today?	25	analyzed them, correct?
	Page 23		Page 25
1	A. No. Because I don't know if I can	1	A. Yes.
2	give it to you, because it's for different	2	Q. And then you also did some analyses on
3	litigation.	3	a piece of mesh that had not been implanted,
4	MR. SNELL: Request to produce.	4	correct?
5	BY MR. SNELL:	5	A. Yes.
6	Q. Do you have any electronic files or	6	Q. And those are contained within your
7	any electronic documents that you brought	7	report?
8	responsive to this schedule that you're holding	8	A. Yes.
9	now that you haven't given to me?	9	Q. For example, you took, if I recall,
10	A. No.	10	some SEMs of a piece of mesh that was not
11	Q. You don't have any thumb drives, any	11	implanted, correct?
12	DVDs or CDs that have any materials that are	12	A. SEM, I don't
13	responsive?	13	Q. Electron microscopy?
14	A. No.	14	A. Not scanning.
15	Q. Number 5 is "Any reports or other	15	Q. Not scanning. Let me take that back.
16	documentation concerning testing done by you in	16	You did some electron microscopy on a
17	connection with this or other pelvic mesh case."	17	piece of mesh that had not been implanted in a
18	A. What I've done for this litigation is	18	human being, correct?
19	in my report. What I've done for other	19	A. No, I have not done that.
20	litigation is in their corresponding reports.	20	Q. You haven't done that?
21		21	
22	And again, I'm not sure if I can give them to you because they're for different litigation.	21 22	A. I only did conventional histology on the piece of mesh which had been exposed to
23	They contain names of the patients. I'm always	23	· · · · · · · · · · · · · · · · · · ·
<b>∠</b> ⊃		1	formalin and routine processing procedures, but I have not done electron microscopy the same
24	concerned with contidentiality		
24 25	concerned with confidentiality.  Q. Did you talk to any of the attorneys	24 25	way.

Page 26 Page 28 1 Q. You did electron microscopy on mesh 1 A. The specimen was divided. There was 2 that had been implanted in tissue? 2 one part which was preserved in glutaraldehyde, 3 A. Yes. Implanted and explanted, 3 it's a type of fixative for electron microscopy; 4 transmission electron microscopy. and the other piece went to formalin, which is 4 5 5 fixative for histology. Formalin is standard Q. Did you do any other types of testing? 6 6 A. Well, I've done transmission electron fixative in all samples. All of the samples 7 7 came to me in formalin already. These are microscopy. I've done routine histology which 8 involves several stains, and polarization. And 8 routine diagnostic procedures, routine 9 I examined new sample, Boston Scientific, and 9 diagnostic reagents. 10 10 actually other manufacturer devices. Yeah, Then after fixation, the samples are 11 11 being processed to be imbedded in formalin -that's it. 12 12 sorry, paraffin, and then paraffin blocks a Q. You didn't do, for example, FTIR 13 13 section to produce 4-micron thick sections on testing, correct? 14 14 A. It's not within my expertise. I don't glass slides, and then tissue can be stained. 15 even know what it is. 15 Initial staining is hematoxylin and eosin, which 16 Q. Okay. But it's not something you did? 16 is agent E, and then immunohistochemical stains 17 17 A. (Nodding in the negative). can be used as well as histochemical stains, 18 18 specifically for meshes. Immunohistochemical Q. Correct? 19 19 A. I didn't. stains for muscle can be used to identify 20 Q. You didn't do any chemical analyses on 20 muscles, immunostain for S100 protein to help 21 any of the specimens, correct? 21 identification of peripheral nerve branches. 22 A. You have to define what is chemical 22 I've also done staining for calcium, 23 23 analysis. There is a specific test, if we put trichrome stains, which I didn't do for Ethicon, 24 chemical analysis, if I stain it with 24 but I've done it for other meshes. 25 histological stain is it chemical analysis, if I 25 And then when the stains are completed Page 27 Page 29 polarize it in microscope is it a chemical or 1 they can be examined in the microscope. And 1 2 not? I can tell you exactly what I've done and 2 again, there is a visual detection of present or 3 what I haven't done. 3 absent staining, or of it's specificity and then 4 Q. Okay. Let's just get to that. And 4 interpretation. This is a routine diagnostic 5 tell me exactly what you did. 5 procedure. That's how it's done. 6 6 A. So for transmission electron Q. When you say this process in the 7 7 microscopy the tissue is being imbedded in the review of the histologic slides is a routine 8 8 diagnostic procedure, when you say that you mean plastic and sectioned, and then it's being 9 examined under transmitted electron beam to see 9 that's a routine diagnostic procedure for a 10 ultra structures. So essentially you examine it 10 pathologist like yourself? 11 by visual features, you identify structures 11 A. Yes, for an anatomical pathologist. 12 12 which are visible by the electron beam. There And for new mesh, because I've observed several is no specific stain. There's no specific 13 13 changes in the body and changes in the mesh, I 14 stain, it's heavy metal, and that's it. 14 examine new mesh just to understand why there's 15 For histology, the samples are fixed 15 curving, why there's curling, and the pattern of 16 in formalin, which came to me fixed in formalin, 16 the weave, and its flexibility, because I 17 except for one specimen which was in 17 examine also tissues for their firmness, so I 18 St. Michael's, and it was St. Michael's patient, 18 need compare what's the firmness of the new mesh 19 19 and that specimen went directly to without the scar before implantation. glutaraldehyde for electron microscopy. And --20 2.0 Again, this is something I would do 21 21 Q. I'm going to stop you right there. I for other implantable devices if I have a 22 just want to make sure I get this. 22 question of how the changes happen. 23 The specimen from the St. Michael's 23 Q. You looked at the pattern weave in 24 patient, you said that specimen went directly to 24 some of the meshes, correct? 25 25 A. Yes. what?

	Page 30		Page 32
1	Q. Do you have any formal training in	1	before, that was within the range of normal.
2	textiles?	2	BY MR. SNELL:
3	A. No.	3	Q. What's the firmness of normal tissue?
4	Q. Do you have any formal training in how	4	A. It's a tactile memory, I cannot
5	meshes are either woven or knitted together?	5	explain it.
6	A. No.	6	Q. How do you measure this firmness?
7	Q. Have you ever been involved in the	7	A. There is no numerical measurement. We
8	weaving or knitting of a mesh?	8	just touch and go by touch.
9	A. No.	9	Q. Is there any objective methodology by
10	Q. Do you consider yourself a textile	10	which you can ascertain the firmness of tissue?
11	expert?	11	A. No. As I said, there is no numerical
12	A. No. I'm also not expert in pacemakers	12	volumes. But it's how it's done, it's the
13	or cardiac volumes, but when they come out of	13	practice of pathologists. For example, breast
14	the body they come to me. The same thing with	14	cancers, we palpate, we find the edges, and then
15	knee implants and hip implants. Everything	15	there is measurement taken from firm edges, and
16	which is taken out of human body or taken off a	16	that's how millions of women are treated, either
17	human body at time of death comes for a	17	treated by chemotherapy or not, just by patient.
18	pathology co-examination, so we have to	18	Q. What type of measurement is taken from
19	correlate the devices with the changes in the	19	the edges?
20	body, and this part of our training as	20	A. Length. Linear measurements.
21	pathologists.	21	Q. They're not using some type of
22	Q. One of the things you mentioned was	22	compression or calibration instrument to test
23	you examined the tissues for their firmness when	23	the firmness or hardness of the tissue, correct?
24	the mesh was in them, correct?	24	A. No, there is not.
25	A. Yes.	25	Q. And there's nothing like that for the
	Page 31		Page 33
1	Q. Let's talk about Mrs. Edwards' case.	1	tissues that Mrs. Edwards had explanted with the
2	You don't know what the firmness of	2	mesh, correct?
3	her tissues were before she had the mesh put in,	3	A. No. The only measurements in
4	correct?	4	pathology are taken weight and length and volume
5	A. I know what's the firmness of tissue	5	in diagnostic routine diagnostic pathology.
6	in general human tissue when it's taken out, so	6	Q. The trichrome staining that you could
7	every time the sample well, I mean I see	7	do, is it your testimony that you did not do
8	where you're going, so I don't want you to	8	that for the Ethicon meshes?
9	misrepresent my answer.	9	A. Yes, I did not do it specifically for
10	Q. I want an accurate answer to my	10	Ethicon meshes.
11	question, not where you think I'm going to go.	11	Q. You didn't do any trichrome staining
12	Because I'm going to get to what you looked at	12	on Mrs. Edwards' specimens, correct?
13	and how you handled it for Mrs. Edwards and all	13	A. No.
		1	12, 110.
14	•	14	O. No. I'm not correct, or
14 15	of that.	14 15	Q. No, I'm not correct, or A. No, I didn't do it for Mrs. Edwards.
15	of that.  All right. You personally do not know	15	A. No, I didn't do it for Mrs. Edwards.
15 16	of that.  All right. You personally do not know the firmness of her tissues before she had the	15 16	<ul><li>A. No, I didn't do it for Mrs. Edwards.</li><li>Q. Okay. You mentioned a staining for</li></ul>
15 16 17	of that.  All right. You personally do not know the firmness of her tissues before she had the mesh put in, correct?	15 16 17	<ul><li>A. No, I didn't do it for Mrs. Edwards.</li><li>Q. Okay. You mentioned a staining for detection of calcium. Was that the trichrome</li></ul>
15 16 17 18	of that.  All right. You personally do not know the firmness of her tissues before she had the mesh put in, correct?  MR. McCONNELL: Object to your leading	15 16 17 18	A. No, I didn't do it for Mrs. Edwards. Q. Okay. You mentioned a staining for detection of calcium. Was that the trichrome you were talking about?
15 16 17 18 19	of that.  All right. You personally do not know the firmness of her tissues before she had the mesh put in, correct?  MR. McCONNELL: Object to your leading question.	15 16 17 18 19	<ul> <li>A. No, I didn't do it for Mrs. Edwards.</li> <li>Q. Okay. You mentioned a staining for detection of calcium. Was that the trichrome you were talking about?</li> <li>A. No, it's a different stain.</li> </ul>
15 16 17 18 19 20	of that.  All right. You personally do not know the firmness of her tissues before she had the mesh put in, correct?  MR. McCONNELL: Object to your leading question.  MR. SNELL: I'm allowed to lead, he's	15 16 17 18 19 20	<ul> <li>A. No, I didn't do it for Mrs. Edwards.</li> <li>Q. Okay. You mentioned a staining for detection of calcium. Was that the trichrome you were talking about?</li> <li>A. No, it's a different stain.</li> <li>Q. What stain is that?</li> </ul>
15 16 17 18 19 20 21	of that.  All right. You personally do not know the firmness of her tissues before she had the mesh put in, correct?  MR. McCONNELL: Object to your leading question.  MR. SNELL: I'm allowed to lead, he's adverse to me.	15 16 17 18 19 20 21	<ul> <li>A. No, I didn't do it for Mrs. Edwards.</li> <li>Q. Okay. You mentioned a staining for detection of calcium. Was that the trichrome you were talking about?</li> <li>A. No, it's a different stain.</li> <li>Q. What stain is that?</li> <li>A. von Kossa.</li> </ul>
15 16 17 18 19 20 21 22	of that.  All right. You personally do not know the firmness of her tissues before she had the mesh put in, correct?  MR. McCONNELL: Object to your leading question.  MR. SNELL: I'm allowed to lead, he's adverse to me.  BY MR. SNELL:	15 16 17 18 19 20 21 22	<ul> <li>A. No, I didn't do it for Mrs. Edwards.</li> <li>Q. Okay. You mentioned a staining for detection of calcium. Was that the trichrome you were talking about?</li> <li>A. No, it's a different stain.</li> <li>Q. What stain is that?</li> <li>A. von Kossa.</li> <li>Q. von Kossa?</li> </ul>
15 16 17 18 19 20 21 22 23	of that.  All right. You personally do not know the firmness of her tissues before she had the mesh put in, correct?  MR. McCONNELL: Object to your leading question.  MR. SNELL: I'm allowed to lead, he's adverse to me.  BY MR. SNELL:  Q. Go ahead.	15 16 17 18 19 20 21 22 23	<ul> <li>A. No, I didn't do it for Mrs. Edwards.</li> <li>Q. Okay. You mentioned a staining for detection of calcium. Was that the trichrome you were talking about?</li> <li>A. No, it's a different stain.</li> <li>Q. What stain is that?</li> <li>A. von Kossa.</li> <li>Q. von Kossa?</li> <li>A. von Kossa, double S-A.</li> </ul>
15 16 17 18 19 20 21	of that.  All right. You personally do not know the firmness of her tissues before she had the mesh put in, correct?  MR. McCONNELL: Object to your leading question.  MR. SNELL: I'm allowed to lead, he's adverse to me.  BY MR. SNELL:	15 16 17 18 19 20 21 22	<ul> <li>A. No, I didn't do it for Mrs. Edwards.</li> <li>Q. Okay. You mentioned a staining for detection of calcium. Was that the trichrome you were talking about?</li> <li>A. No, it's a different stain.</li> <li>Q. What stain is that?</li> <li>A. von Kossa.</li> <li>Q. von Kossa?</li> </ul>

	Page 34		Page 36
1	The stain is showing if there is calcium in the	1	you're referring to, or is it a series of
2	tissue, so pretty much all fragile, brittle	2	documents that contain the histology findings,
3	tissues in human body contain calcium, that's	3	the patient demographics, and other material?
4	why they're brittle. I saw that the bark is	4	A. Each specimen which comes to
5	cracking, so my question is is it because of	5	St. Michael's Hospital is processed as patient
6	calcium inclusion, and that's why I did calcium	6	sample, immediately becomes St. Michael's
7	staining. And it wasn't didn't contain any	7	patient. So demographics is reported in the
8	calcium.	8	system; patient date of birth, procedure date.
9	Q. Did you do any calcium staining in	9	Then gross examination is recorded, or gross
10	Mrs. Edwards' tissues?	10	pictures are being stored in the hard drives.
11	A. No.	11	All stains are recorded in the laboratory
12	Q. Did you do any calcium staining on the	12	information system. Then the report is being
13	Ethicon other Ethicon TVT meshes?	13	generated, I sign out the report. And then for
14	A. I'm not sure now. I would have to	14	publication purpose, I summarize this in
15	look. Because I've done it in some samples,	15	spreadsheets.
16	some could have been TVT.	16	Q. Those would be like Microsoft Excel
17	Q. How would you go about checking to see	17	spreadsheets?
18	whether	18	A. Yes.
19	A. I can check. The slide is in my	19	Q. Is that the program you used, or is it
20	office, the slides are in my office.	20	some other program?
21	Q. So you have some slides in your office	21	A. It's Excel.
22	which contains pathology specimens that were	22	Q. And you didn't bring any of those
23	stained for calcium that you could check?	23	materials, obviously?
24	A. Yes.	24	A. As I said, it, first of all, contains
25	Q. And as you sit here right now, you	25	patient confidential information. Second, it's
	Page 35		Page 37
1	don't know whether those were for the TVT-O mesh	1	in preparation for publication, and it's my
2	or some other manufacturer's mesh?	2	personal research.
3	A. No, I don't remember now. These	3	Q. So it's in preparation.
4	meshes are very similar, they have exactly the	4	You say it's your personal research,
5	same patterns, there's no need of repeating	5	but it's research that you're deriving opinions
6	stain, because we see many specimens.	6	from, correct?
7	Q. If the slides in your office, the	7	A. Yes. But I meant personal, I am as a
8	calcium staining slides, let's say if somehow	8	principal investigator. Personal not for home
9	they were lost or damaged or destroyed, would	9	use, but meant that I'm principal investigator
10	you have a way of knowing what they showed?	10	in the project.
11	A. I examined them. I would remember	11	Q. And part of what goes into you
12	them. And I took at least one picture to	12	formulating your opinions is your experience
13	document that it's not there.	13	with these materials, correct?
14	document that it's not there.  Q. Did you make any did you record or	14	with these materials, correct?  A. Yes.
14 15	document that it's not there.  Q. Did you make any did you record or write down anywhere what you saw on the calcium	14 15	with these materials, correct?  A. Yes.  Q. Have you submitted any analyses for
14 15 16	document that it's not there.  Q. Did you make any did you record or write down anywhere what you saw on the calcium staining?	14 15 16	with these materials, correct?  A. Yes.  Q. Have you submitted any analyses for publication?
14 15 16 17	document that it's not there.  Q. Did you make any did you record or write down anywhere what you saw on the calcium staining?  A. Calcium stain, no, but some	14 15 16 17	with these materials, correct?  A. Yes. Q. Have you submitted any analyses for publication? A. It's in preparation and at submission
14 15 16 17 18	document that it's not there.  Q. Did you make any did you record or write down anywhere what you saw on the calcium staining?  A. Calcium stain, no, but some information is recorded.	14 15 16 17 18	with these materials, correct?  A. Yes. Q. Have you submitted any analyses for publication? A. It's in preparation and at submission stages, in pre-submission inquiries.
14 15 16 17 18	document that it's not there.  Q. Did you make any did you record or write down anywhere what you saw on the calcium staining?  A. Calcium stain, no, but some information is recorded.  Q. What information is recorded with	14 15 16 17 18 19	with these materials, correct?  A. Yes. Q. Have you submitted any analyses for publication? A. It's in preparation and at submission stages, in pre-submission inquiries. Q. So your analyses have not been
14 15 16 17 18 19 20	document that it's not there.  Q. Did you make any did you record or write down anywhere what you saw on the calcium staining?  A. Calcium stain, no, but some information is recorded.  Q. What information is recorded with regard to your review of explanted meshes?	14 15 16 17 18 19 20	with these materials, correct?  A. Yes. Q. Have you submitted any analyses for publication? A. It's in preparation and at submission stages, in pre-submission inquiries. Q. So your analyses have not been submitted to a particular journal yet, is that
14 15 16 17 18 19 20 21	document that it's not there.  Q. Did you make any did you record or write down anywhere what you saw on the calcium staining?  A. Calcium stain, no, but some information is recorded.  Q. What information is recorded with regard to your review of explanted meshes?  A. My histological findings, patient	14 15 16 17 18 19 20 21	with these materials, correct?  A. Yes. Q. Have you submitted any analyses for publication? A. It's in preparation and at submission stages, in pre-submission inquiries. Q. So your analyses have not been submitted to a particular journal yet, is that what you're telling me?
14 15 16 17 18 19 20 21	document that it's not there.  Q. Did you make any did you record or write down anywhere what you saw on the calcium staining?  A. Calcium stain, no, but some information is recorded.  Q. What information is recorded with regard to your review of explanted meshes?  A. My histological findings, patient demographics. And it's confidential, so I	14 15 16 17 18 19 20 21 22	with these materials, correct?  A. Yes. Q. Have you submitted any analyses for publication? A. It's in preparation and at submission stages, in pre-submission inquiries. Q. So your analyses have not been submitted to a particular journal yet, is that what you're telling me? A. Pre-submission inquiries, yes. For
14 15 16 17 18 19 20 21 22 23	document that it's not there.  Q. Did you make any did you record or write down anywhere what you saw on the calcium staining?  A. Calcium stain, no, but some information is recorded.  Q. What information is recorded with regard to your review of explanted meshes?  A. My histological findings, patient demographics. And it's confidential, so I cannot release it, and privileged because it's	14 15 16 17 18 19 20 21 22 23	with these materials, correct?  A. Yes. Q. Have you submitted any analyses for publication? A. It's in preparation and at submission stages, in pre-submission inquiries. Q. So your analyses have not been submitted to a particular journal yet, is that what you're telling me? A. Pre-submission inquiries, yes. For manuscripts specifically for transvaginal meshes
14 15 16 17 18 19 20 21	document that it's not there.  Q. Did you make any did you record or write down anywhere what you saw on the calcium staining?  A. Calcium stain, no, but some information is recorded.  Q. What information is recorded with regard to your review of explanted meshes?  A. My histological findings, patient demographics. And it's confidential, so I	14 15 16 17 18 19 20 21 22	with these materials, correct?  A. Yes. Q. Have you submitted any analyses for publication? A. It's in preparation and at submission stages, in pre-submission inquiries. Q. So your analyses have not been submitted to a particular journal yet, is that what you're telling me? A. Pre-submission inquiries, yes. For

inquiries," I don't understand that, so explain what that means?  A. You write a short paragraph with a letter to editor asking if the journal would be interested in this type of publication.  Q. Okay.  A. Journals, they have very different requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript. You submit it, it gets requirements, and it takes a month to prepare the manuscript when the contact the privileged was privileged under what?  A. Yes. Q. And just so I'm clear, you have not drafted a full munuscript for this research that you're doing? A. For transvaginal meshes, no, it's not completed yet. And it will be more than one manuscript.  MR. SNELL: What does that - that stain is to look for proteins? Strike that.  What does \$100 stain for?  A. Yes. Q. Okay. And does that - that stain is to look for proteins? Strike that.  What does \$100 stain for?  A. He manuscripts are anonymized, reviewers Because people can contact		Page 38		Page 40
A. You write a short paragraph with a letter to editor asking if the journal would be interested in this type of publication.  Q. Okay.  A. Journals, they have very different requirements, and it takes a month to prepare the manuscript. You submit it, it gets or rejected. It just saves you time to send pre-submission inquiry.  Q. So you write essentially a paragraph to say "here's what we did, are you interested in moving to the next step?"  A. Yes.  Q. And just so fire dear you have not drafted a full manuscript.  A. Yes.  Q. And just so fire dear you have not drafted a full manuscript for this research that you're doing?  A. Maybe you will try to contact the journal and stop my publication.  Q. What I'm asking you; whaf's your year all on the request to produce on the interested in contacting the journal or trying to stop what you're doing, I'm just understanding; why do you believe it's privileged?  To stop what you're doing, I'm just understanding; why do you believe it's privileged?  To stop what you're doing, I'm just understanding; why do you believe it's privileged?  To stop what you're doing, I'm just understanding; why do you believe it's process how to avoid that.  The manuscripts are anonymized, reviewers don't see the institutions. You can ceven select is pecific reviewers as not being used as reviewers don't see the institutions. You can even select is pecific reviewers as not being used as reviewers don't see the institutions. You can even select is plagiarized, or stopped from publication.  Q. How many journals have you - so you're not going to tell me the names of the journals that you did the pre-submission inquiries?  Q. How many journals were there that you've done for pre-submission inquiries?  A. Rocause people can contact the journals in the post of standard proving the provin	1	inquiries," I don't understand that, so explain	1	States or international, Canada? Where are they
Eletter to editor asking if the journal would be interested in this type of publication.   5	2	what that means?	2	at?
5 interested in this type of publication. 6 Q. Okay. 7 A. Journals, they have very different requirements, and it takes a month to prepare the manuscript. Vou submit it, it gets per picted. It just saves you time to send pre-submission inquiry. Q. So you write essentially a paragraph to say "here's what we did, are you interested in moving to the next step?" 15 A. Yes. 16 Q. And can you tell me the journals that 7 you've done that for? 17 you've done that for? 18 A. I cannot tell you because it's privileged. 20 Q. Privileged under what? 21 A. Maybe you will try to contact the journal and stop my publication. 22 quaderstanding of why it's privileged? Tru not interested in contacting the journal or trying  19 to stop what you're doing, I'm just understanding; why do you believe it's privileged? 4 A. Recause people can contact the journals. People can and people have done it, they belocked publications. There's a whole process how to avoid that. 8 The manuscripts are anonymized, reviewers don't see the institutions. You can even select it gets published, it can be cither copied, plagiarized, or stopped from publication. 20 Q. How many journals hat you done for pre-submission — A. Nooding in the negative). 21 Q. How many journals were there that you've done for pre-submission inquiries? 22 Q. How many journals were there that you've done for pre-submission inquiries? 23 Q. How many journals were there that you've done for pre-submission inquiries? 24 A. No. 25 Q. How would that the negative). 26 Q. How many journals were there that you've done for pre-submission inquiries? 27 Q. How many journals were there that you've done for pre-submission inquiries? 28 Q. How would done for pre-submission inquiries? 29 Q. How would done for pre-submission inquiries? 20 Q. How many journals were there that you've done for pre-submission inquiries? 21 A. No. 22 Q. How would done for pre-submission inquiries? 23 Q. How would done for pre-submission inquiries? 24 A. Three.  25 Journals have very defined the pre-submission inquiries	3	A. You write a short paragraph with a	3	A. They are all international.
5 interested in this type of publication. 6 Q. Okay. 7 A. Journals, they have very different requirements, and it takes a month to prepare the manuscript. Vou submit it, it gets per picted. It just saves you time to send pre-submission inquiry. Q. So you write essentially a paragraph to say "here's what we did, are you interested in moving to the next step?" 15 A. Yes. 16 Q. And can you tell me the journals that 7 you've done that for? 17 you've done that for? 18 A. I cannot tell you because it's privileged. 20 Q. Privileged under what? 21 A. Maybe you will try to contact the journal and stop my publication. 22 quaderstanding of why it's privileged? Tru not interested in contacting the journal or trying  19 to stop what you're doing, I'm just understanding; why do you believe it's privileged? 4 A. Recause people can contact the journals. People can and people have done it, they belocked publications. There's a whole process how to avoid that. 8 The manuscripts are anonymized, reviewers don't see the institutions. You can even select it gets published, it can be cither copied, plagiarized, or stopped from publication. 20 Q. How many journals hat you done for pre-submission — A. Nooding in the negative). 21 Q. How many journals were there that you've done for pre-submission inquiries? 22 Q. How many journals were there that you've done for pre-submission inquiries? 23 Q. How many journals were there that you've done for pre-submission inquiries? 24 A. No. 25 Q. How would that the negative). 26 Q. How many journals were there that you've done for pre-submission inquiries? 27 Q. How many journals were there that you've done for pre-submission inquiries? 28 Q. How would done for pre-submission inquiries? 29 Q. How would done for pre-submission inquiries? 20 Q. How many journals were there that you've done for pre-submission inquiries? 21 A. No. 22 Q. How would done for pre-submission inquiries? 23 Q. How would done for pre-submission inquiries? 24 A. Three.  25 Journals have very defined the pre-submission inquiries	4		4	Headquarters, I think at least for two, are in
7	5		5	UK.
requirements, and it takes a month to prepare the manuscript. You submit it, it gets rejected. It just saves you time to send present mission inquiry.  Q. So you write essentially a paragraph to say "here's what we did, are you interested in moving to the next step?"  A. Yes.  Q. And can you tell me the journals that you've done that for?  A. I cannot tell you because it's privileged.  Q. Privileged under what?  A. Maybe you will try to contact the journal and stop my publication.  Q. What I'm asking you, what's your understanding of why it's privileged? I'm not interested in contacting the journal or trying  Page 39  1 to stop what you're doing, I'm just understanding; why do you believe it's privileged?  A. Because people can and people have done it, they've blocked publications. There's a whole process how to avoid that.  The manuscripts are anonymized, reviewers don't see the institutions. You can even select sit gets published, it can be either copied, plagiarized, or stopped from publication.  A. (Nodding in the negative).  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.  A. (Nodding in the negative).  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.  A. Three.  A. Nanybe you and the metapative in the hospital system.  Q. And its well here hopeding on the version, because it's geting updated here and there. Yes, that's – for pathology reports, they are all in the hospital system.  Q. And its us o'm clear, You have not draffied a full manuscript for this research that you've doing?  A. For transvaginal meshes, no, it's not completed yet. And it will be more than one manuscript.  MR. SNELL: Note request to produce on the calcium staining.  BYME. SNELL:  Q. Okay. And does that – that stain is to look for proteins? Strike that.  What does \$100 stain for?  A. All immunohistochemical stains, the staining specific protein in the – sort of simplified way of saying it – specific protein. Then these antibodies against the protein. Th	6	Q. Okay.	6	Q. The Excel spreadsheets that you
the manuscript. You submit it, it gets rejected. It just saves you time to send pre-submission inquiry.  Q. So you write essentially a paragraph to say "here's what we did, are you interested in moving to the next step?"  A. Yes.  Q. And can you tell me the journals that you've done that for?  A. I cannot tell you because it's privileged under what?  A. Maybe you will try to contact the journal and stop my publication.  Q. What I'm asking you; what's your understanding of why it's privileged? I'm not interested in contacting the journal or trying  Page 39  Page 41  to stop what you're doing, I'm just privileged? I'm not interested in contacting the journal or trying  The manuscript sare anonymized, reviewers don't see the names, reviewers don't see the institutions. You can even select plagiarized, or stopped from publication.  Q. How many journals have you — so you're done presubmission — A. (Nodding in the negative).  Q. How many journals were there that you're done, It's easier to draw, but that's how it is in the issue came up lately journals that you did the pre-submission — A. Three.  A. Three.	7	A. Journals, they have very different	7	referenced, are those on your personal computer,
rejected. It just saves you time to send pre-submission inquiry.  Q. So you write essentially a paragraph to say "here's what we did, are you interested in moving to the next step?"  A. Yes.  Q. And can you tell me the journals that you've done that for?  A. I cannot tell you because it's privileged.  Q. Privileged under what?  A. Maybe you will try to contact the journal and stop my publication.  Q. What I'm asking you; what's your understanding of why it's privileged? I'm not interested in contacting the journal or trying  Page 39  Page 41  to stop what you're doing, I'm just understanding; why do you believe it's privileged?  A. Because people can contact the journals. People can and people have done it, they've blocked publications. There's a whole process how to avoid that.  The manuscripts are anonymized, reviewers don't see the institutions. You can even select specific reviewers as not being used as that if the manuscript's work is exposed before it gets published, it can be either copied, plajarized, or stoped from publication.  A. No.  Q. How many journals were there that you've done for pre-submission — 19  A. (Nodding in the negative).  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.	8	requirements, and it takes a month to prepare	8	or some other computer system?
11 pre-submission inquiry. 12 Q. So you write essentially a paragraph to say "here's what we did, are you interested in moving to the next step?" 15 A. Yes. 16 Q. And can you tell me the journals that you've done that for? 17 you've done that for? 18 A. I cannot tell you because it's privileged. 20 Q. Privileged under what? 21 A. Maybe you will try to contact the 22 journal and stop my publication. 22 quaderstanding of why it's privileged? I'm not interested in contacting the journal or trying  1 to stop what you're doing, I'm just understanding; why do you believe it's privileged? 2	9	the manuscript. You submit it, it gets	9	A. They're backed up in the hard drives
to say "here's what we did, are you interested in moving to the next step?"  14 to say "here's what we did, are you interested in moving to the next step?"  15 A. Yes.  16 Q. And can you tell me the journals that you've done that for?  17 you've done that for?  18 A. I cannot tell you because it's privileged.  20 Q. Privileged under what?  21 A. Maybe you will try to contact the journal and stop my publication.  22 journal and stop my publication.  23 Q. What I'm asking you; what's your understanding of why it's privileged? I'm not interested in contacting the journal or trying  1 to stop what you're doing, I'm just understanding; why do you believe it's privileged?  4 A. Because people can contact the journals. People can and people have done it, the tyve blocked publications. There's a whole process how to avoid that.  8 The manuscripts are anonymized, reviewers don't see the names, reviewers don't see the institutions. You can even select specific reviewers as not being used as reviewers. Because this issue came up lately that if the manuscript's work is exposed before it gets published, it can be either copied, you're not going to tell me the names of the journals that you'de done for pre-submission—  19 A. (Nodding in the negative).  20 Q. — inquiries, correct?  21 A. No.  22 Q. Ho and just so I'm clear, You have not drafted a full manuscript for this research that you're doing?  22 A. For transvaginal meshes, no, it's not completed yet. And it will be more than one manuscript.  22 MR. SNELL:  23 A. Yes.  24 A. Yes.  25 Q. Okay. And does that—that stain is to look for proteins? Strike that.  26 What does \$100 stain for?  27 A. All immunohistochemical stains, the staining secific protein in the – sort of simplified way of saying it—the antibodies against the protein.  25 So that protein can be introduced into mouse, mouse develops antibodies against the protein. Then if you have—initial animal is mouse, and then you have —initial animal is mouse, and then you have —initial animal is mouse, and then you have	10	rejected. It just saves you time to send	10	of St. Michael's Hospital. I do have them on my
to say "here's what we did, are you interested in moving to the next step?"  A. Yes.  Q. And can you tell me the journals that you're doing?  A. For and tell you because it's privileged.  Q. Privileged under what?  A. Maybe you will try to contact the journal and stop my publication.  Q. Mand say publication.  Q. What I'm asking you; what's your understanding of why it's privileged?  Interested in contacting the journal or trying  Page 39  to stop what you're doing, I'm just understanding; why do you believe it's journals. People can and people have done it, they've blocked publications. There's a whole process how to avoid that.  The manuscripts are anonymized, reviewers don't see the institutions. You can even select specific reviewers as not being used as reviewers don't see the institutions. You can even select it gets published, it can be either copied, latify journals that you did the pre-submission — A. (Nodding in the negative).  A. Three.  It was there. Yes, that's — for pathology reports, they are all in the hospital system. Op. A. Hor was they are all in the hospital system. Let where you're doing?  A. For transvaginal meshes, no, it's not completed yet. And it will be more than one manuscript.  MR. SNELL:  MR. SNELL: Note request to produce on the calcium staining.  BYMR. SNELL:  Q. I believe you also mentioned the immunohisto staining \$100?  Page 41  A. Yes.  Q. Okay. And does that — that stain is to look for proteins? Strike that.  What does \$100 stain for?  A. All immunohistochemical stains, the staining specific protein in the — sort of simplified way of saying it — the antibodies being developed against the protein, or a culture of cells develops antibodies against the protein.  So that protein can be introduced into mouse, mouse develops antibodies against the protein.  The manuscripts are anonymized, and the protein of a culture of cells develops antibodies against the protein.  The manuscript was the protein of cell develops anibodies against the protein.  The manuscript was the protein of t	11	pre-submission inquiry.	11	research laptop. I mean depending on the
14 in moving to the next step?" 15 A. Yes. Q. And can you tell me the journals that 17 you've done that for? 18 A. I cannot tell you because it's 19 privileged. 20 Q. Privileged under what? 21 A. Maybe you will try to contact the 22 journal and stop my publication. 23 Q. What I'm asking you; what's your 25 interested in contacting the journal or trying 26 to stop what you're doing, I'm just 27 understanding of why it's privileged? I'm not interested in contacting the journal or trying 28 privileged? 29 understanding; why do you believe it's 3 privileged? 4 A. Because people can contact the 5 journals. People can and people have done it, 6 they've blocked publications. There's a whole 7 process how to avoid that. 8 The manuscripts are anonymized, 9 reviewers don't see the names, reviewers don't 10 see the institutions. You can even select 11 specific reviewers as not being used as 12 reviewers. Because this issue came up lately 13 that if the manuscript's work is exposed before 14 it gits published, it can be either copied, 15 plagiarized, or stopped from publication. 16 Q. How many journals have you so 19 A. (Nodding in the negative). 20 Q inquiries, correct? 21 A. Three. 21 they are all in the hospital system. 22 A. Hor transvaginal meshes, no, it's not cardeat day out earlied that wit will be more than one manuscript.  A. For transvaginal meshes, no, it's not completed yet. And it will be more than one manuscript.  MR. SNELL: Note request to produce on the ealcium staining.  BYMR. SNELL:  Q. I believe you also mentioned the immunohisto staining S100?  Page 39  Page 41  A. Yes. Q. Okay. And does that that stain is to look for proteins? Strike that.  What does S100 stain for?  A. All immunohistochemical stains, the staining specific protein in the sort of simplified way of saying it the antibodies against the specific protein.  So that protein can be introduced into mouse, mouse develope against the specific protein.  So that protein. Then these antibodies against mouse, and then you have ini	12	Q. So you write essentially a paragraph	12	version, because it's getting updated here and
15 A. Yes.  16 Q. And can you tell me the journals that 17 you've done that for?  18 A. I cannot tell you because it's 18	13		13	there. Yes, that's for pathology reports,
Q. And can you tell me the journals that you've done that for?  R. I cannot tell you because it's privileged. Q. Privileged under what? A. Maybe you will try to contact the journal and stop my publication. Q. What I'm asking you; what's your understanding of why it's privileged? I'm not interested in contacting the journal or trying  Page 39  1 to stop what you're doing, I'm just understanding; why do you believe it's privileged? A. Because people can contact the for process how to avoid that. The manuscripts are anonymized, reviewers don't see the names, reviewers don't specific reviewers as not being used as reviewers. Because this issue came up lately that if the manuscript's work is exposed before it gets published, it can be either copied, plagiarized, or stopped from publication.  Q. How many journals were there that you've done for pre-submission in quiries? A. Three.  I a drafted a full manuscript for this research that you're doing? A. For transvaginal meshes, no, it's not completed yet. And it will be more than one manuscript. A. For transvaginal meshes, no, it's not completed yet. And it will be more than one manuscript.  MR. SNELL: Q. I believe you also mentioned the immunohisto staining \$100?  A. Yes. Q. Okay. And does that that stain is to look for proteins? Strike that. What does \$100 stain for? A. All immunohistochemical stains, the staining specific protein in the sort of simplified way of saying it the antibodies being developed against the specific protein, specific reviewers as not being used as reviewers. Because this issue came up lately that if the manuscript's work is exposed before if gets published, it can be either copied, plagiarized, or stopped from publication.  Q. How many journals have youso you're not going to tell me the names of the journals that you did the pre-submission A. (Nodding in the negative).  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.	14		14	
you've done that for?  A. I cannot tell you because it's privileged.  Q. Privileged under what?  A. Maybe you will try to contact the journal and stop my publication.  Q. What I'm asking you; what's your understanding of why it's privileged? I'm not interested in contacting the journal or trying  Page 39  Page 41  to stop what you're doing, I'm just understanding; why do you believe it's pivileged?  A. Because people can contact the journals. People can and people have done it, they've blocked publications. There's a whole process how to avoid that.  The manuscripts are anonymized, reviewers don't see the institutions. You can even select specific reviewers as not being used as reviewers. Because this issue came up lately that if the manuscript's work is exposed before it gets published, it can be either copied, you're not going to tell me the names of the journals that you did the pre-submission  A. (Nodding in the negative).  Q. How many journals were there tha you've done for pre-submission inquiries?  A. I cannot tell you because it's completed yet. And it will be more than one manuscript.  A. For transvaginal meshes, no, it's not completed yet. And it will be more than one manuscript.  MR. SNELL: Note request to produce on the calcium staining.  BY MR. SNELL:  A. Yes.  Q. I believe you also mentioned the immunohisto staining S100?  Page 41  A. Yes.  Q. Okay. And does that that stain is to look for proteins? Strike that.  What does \$100 stain for?  A. All immunohistochemical stains, the staining specific protein in the - sort of simplified way of saying it the antibodies simplified way of saying it the antibodies simplified way of saying it the antibodies against the protein, or a culture of cells develops antibodies against the protein.  So that protein can be introduced into mouse, on a culture of cells develops antibodies against the protein.  So that protein can be introduced into mouse, against the protein. Then if you have initial animal is mouse, and then you have antibodies against	15	11. 1 25.	15	
A. I cannot tell you because it's privileged.  Q. Privileged under what?  A. Maybe you will try to contact the journal and stop my publication.  Q. What I'm asking you; what's your understanding of why it's privileged? I'm not interested in contacting the journal or trying  Page 39  Page 41  to stop what you're doing, I'm just understanding; why do you believe it's privileged?  A. Because people can contact the journals. People can and people have done it, they've blocked publications. There's a whole reviewers don't see the institutions. You can even select see the institutions. You can even select reviewers. Because this issue came up lately that if the manuscript's work is exposed before it gets published, it can be either copied, you're not going to tell me the names of the journals that you did the pre-submission  A. (Nodding in the negative).  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.  A. For transvaginal meshes, no, it's not completed yet. And it will be more than one manuscript; work and it will be more than one completed yet. And it will be more than one completed yet. And it will be more than one completed yet. And it will be more than one completed yet. And it will be more than one completed yet. And it will be more than one manuscript; work all in manuscripts out and it will be more than one manuscript; work and the if manuscripts out and it will be more than one manuscript; work and your and the aclicum staining.  MR. SNELL: Note request to produce on the calcium staining.  MR. SNELL: Note request to produce on the calcium staining.  A. Yes.  Q. Okay. And does that that stain is to look for proteins? Strike that.  What does \$100 stain for?  A. All immunohistochemical stains, the staining specific protein in the sort of simplified way of saying it the antibodies being developed against the specific protein.  So that protein and introduced into mouse, mouse develops antibodies against the protein, or a culture of cells develops antibodies ar			16	-
20 Q. Privileged under what? 21 A. Maybe you will try to contact the 22 journal and stop my publication. 23 Q. What I'm asking you; what's your 24 understanding of why it's privileged? I'm not 25 interested in contacting the journal or trying  Page 39  Page 41  1 to stop what you're doing, I'm just 2 understanding; why do you believe it's 3 privileged?  A. Because people can contact the 5 journals. People can and people have done it, 6 they've blocked publications. There's a whole 7 process how to avoid that. 8 The manuscripts are anonymized, 9 reviewers don't see the names, reviewers don't 10 see the institutions. You can even select 11 specific reviewers as not being used as 12 reviewers. Because this issue came up lately 13 that if the manuscript's work is exposed before 14 it gets published, it can be either copied, 15 plagiarized, or stopped from publication. 16 Q. How many journals have you — so 17 you're not going to tell me the names of the 18 journals that you did the pre-submission — 19 A. (Nodding in the negative). 20 Q. — inquiries, correct? 21 A. No. 22 Q. How many journals were there that 23 you've done for pre-submission inquiries? 24 Completed yet. And it will be more than one manuscript.  MR. SNELL: Note request to produce on the calcium staining.  MR. SNELL: Note request to produce on the calcium staining.  MR. SNELL: Note request to produce on the calcium staining.  MR. SNELL: Note request to produce on the calcium staining.  MR. SNELL: Note request to produce on the calcium staining.  MR. SNELL: Note request to produce on the calcium staining.  A. Yes.  Q. I believe you also mentioned the immunohisto staining S100?  Page 41  A. Yes.  A. All immunohistochemical stains, the staining specific protein in the sort of simplified way of saying it the antibodies against the specific protein.  7 simplified way of saying it the antibodies against the specific protein.  8 The manuscripts are anonymized, reviewers as not being very		•	17	•
Q. Privileged under what? A. Maybe you will try to contact the journal and stop my publication. Q. What I'm asking you; what's your understanding of why it's privileged? I'm not interested in contacting the journal or trying  Page 39  Page 41  to stop what you're doing, I'm just understanding; why do you believe it's understanding; why do you believe it's privileged?  A. Because people can contact the journals. People can contact the journals. People can and people have done it, they've blocked publications. There's a whole process how to avoid that.  The manuscripts are anonymized, reviewers don't see the institutions. You can even select see the institutions. You can even select that if the manuscript's work is exposed before that if the manuscript's work is exposed before you're not going to tell me the names of the journals that you did the pre-submission lab gourned and you've done for pre-submission inquiries?  A. Three.			18	A. For transvaginal meshes, no, it's not
A. Maybe you will try to contact the journal and stop my publication.  Q. What I'm asking you; what's your understanding of why it's privileged? I'm not interested in contacting the journal or trying  Page 39  Page 41  A. Yes.  Q. Okay. And does that—that stain is to look for proteins? Strike that.  What does \$100 stain for?  A. Al immunohisto staining stains, the staining specific protein in the—sort of simplified way of saying it—the antibodies being developed against the specific protein.  The manuscripts are anonymized, reviewers don't see the institutions. You can even select see the if the glagiarized, or stopped from publication.  Q. How many journals have you—so you're not going to tell me the names of the journals that you did the pre-submission—and the calcium staining.  BYMR. SNELL:  Q. I believe you also mentioned the immunohisto staining \$100?  Page 41  A. Yes.  Q. Okay. And does that—that stain is to look for proteins? Strike that.  What does \$100 stain for?  A. Al immunohistochemical stains, the staining specific protein in the—sort of simplified way of saying it—the antibodies being developed against the specific protein.  So that protein can be introduced into mouse, mouse develops antibodies against the protein.  So that protein can be introduced into mouse, against the protein. Then these antibodies are being extracted. And then if you apply these antibodies over a conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how it is.		•	19	completed yet. And it will be more than one
22 journal and stop my publication. 23 Q. What I'm asking you, what's your 24 understanding of why it's privileged? I'm not 25 interested in contacting the journal or trying  26 Page 39  27 Page 41  28 Page 41  29 Page 41  20 Page 41  21 A. Yes. 22 Q. Okay. And does that that stain is 23 privileged? 24 Understanding; why do you believe it's 25 piournals. People can contact the 26 journals. People can and people have done it, 27 process how to avoid that. 28 The manuscripts are anonymized, 29 reviewers don't see the names, reviewers don't 30 see the institutions. You can even select 31 specific reviewers as not being used as 32 reviewers. Because this issue came up lately 33 that if the manuscript's work is exposed before 34 it gets published, it can be either copied, 35 plagiarized, or stopped from publication. 36 Q. How many journals have you so 37 you're not going to tell me the names of the 38 journals that you did the pre-submission 39 Page 41  A. No. 20 A. Yes.  A. Yes.  A. Yes.  A. All immunohistochemical stains, the 30 staining specific protein in the sort of 31 simplified way of saying it the antibodies 32 being developed against the specific protein. 33 So that protein can be introduced into mouse, 34 mouse develops antibodies against the specific protein. 35 being extracted. And then if you apply these 36 antibodies against time, that if the manuscript's work is exposed before 38 pecific protein. Then if you have initial 39 animal is mouse, and then you have antibodies 30 against mouse immunoglobulin, then you can bind those antibodies over. 30 Q inquiries, correct? 31 A. No. 32 you've done for pre-submission inquiries? 32 you've done for pre-submission inquiries? 34 A. Three. 35 privileged? 36 A. All immunohistochemical stains, the staining stole olook for proteins? 36 A. All immunohistochemical stains, the staining stole olook for proteins? Strike that. 39 Very does for protein and people have done it, they've blocked publication. 30 A. All immunohistochemical stains, the stain			20	manuscript.
Q. What I'm asking you; what's your understanding of why it's privileged? I'm not interested in contacting the journal or trying  Page 39  Page 41  to stop what you're doing, I'm just understanding; why do you believe it's 2 understanding; why do you believe it's 2 yourals. People can contact the 4 interested in contact the 5 journals. People can and people have done it, they've blocked publications. There's a whole 7 process how to avoid that.  The manuscripts are anonymized, 9 reviewers don't see the institutions. You can even select 10 specific reviewers as not being used as 11 specific reviewers as not being used as 12 reviewers. Because this issue came up lately 13 that if the manuscript's work is exposed before 14 it gets published, it can be either copied, 15 journals that you did the pre-submission - 19 A. (Nodding in the negative). 19 A. No. 21 acutally see where the initial target protein in the resort of 22 you're done for pre-submission inquiries? 24 A. Three. 23 you've done for pre-submission inquiries? 24 to draw, but that's how it is.				
24 understanding of why it's privileged? I'm not interested in contacting the journal or trying  Page 39  Page 39  Page 41  1 to stop what you're doing, I'm just 2 understanding; why do you believe it's 2 understanding; why do you believe it's 2 Q. Okay. And does that that stain is to look for proteins? Strike that.  A. Because people can contact the 4 What does \$100 stain for?  A. All immunohistochemical stains, the staining specific protein in the sort of 5 implified way of saying it the antibodies being developed against the specific protein.  For the manuscripts are anonymized, 8 being developed against the specific protein.  For the manuscripts are anonymized, 8 being developed against the protein, or a culture of cells develops antibodies against the protein. Then these antibodies against the specific protein. Then these antibodies against the specific protein. Then these antibodies against tissue, they bind to that specific protein. Then if you apply these antibodies against mouse, and then you have initial animal is mouse, and then you have initial animal is mouse, and then you have anithodies against mouse immunoglobulin, then you can bind those antibodies over.  A. (Nodding in the negative). 19  A. (Nodding in the negative). 19  A. (Nodding in the negative). 19  A. (Nodding in the negative). 20  Q inquiries, correct? 20  Q. How many journals were there that 22  Q. How many journals were there that 22  Q. How many journals were there that 22  you've done for pre-submission inquiries? 23  you've done for pre-submission inquiries? 24  A. Three. 24  O. Tree in the introduced into mouse, and then you have initial actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how				_
Page 39  Page 39  Page 41  to stop what you're doing, I'm just understanding; why do you believe it's 2 understanding; why do you believe it's 2 Q. Okay. And does that that stain is to look for proteins? Strike that.  A. Because people can contact the 4 What does \$100 stain for?  A. All immunohistochemical stains, the staining specific protein in the sort of simplified way of saying it the antibodies being developed against the specific protein. So that protein can be introduced into mouse, mouse develops antibodies against the protein, or a culture of cells develops antibodies are sit gets published, it can be either copied, plagiarized, or stopped from publication.  Q. How many journals have you so 16 journals that you did the pre-submission 19 A. (Nodding in the negative).  Q. How many journals were there that 22 you've done for pre-submission inquiries? 23 you've done for pre-submission inquiries? 24  M. A. Yes.  Q. Okay. And does that that stain is to look for proteins? Strike that.  A. Yes.  A. All immunohistoctaining \$100?  A. All immunohisto staining \$100?  A. All immunohisto staining \$100?  A. Yes.  Q. Okay. And does that that stain is to look for proteins? Strike that.  What does \$100 stain for?  A. All immunohistoctaining \$100 stain for?  A. All immunohistoctaining \$100 stain for?  A. All immunohistoctain is to look for proteins? Strike that.  What does \$100 stain for?  A. All immunohistoctaining \$100 stain for?  A. Al				
Page 39  1 to stop what you're doing, I'm just 2 understanding; why do you believe it's 3 privileged? 4 A. Because people can contact the 5 journals. People can and people have done it, 6 they've blocked publications. There's a whole 7 process how to avoid that. 7 simplified way of saying it—the antibodies 8 The manuscripts are anonymized, 9 reviewers don't see the names, reviewers don't 10 see the institutions. You can even select 11 specific reviewers as not being used as 12 reviewers. Because this issue came up lately 13 that if the manuscript's work is exposed before 14 it gets published, it can be either copied, 15 plagiarized, or stopped from publication. 16 Q. How many journals have you so 17 you're not going to tell me the names of the 18 journals that you did the pre-submission 19 A. (Nodding in the negative). 10 Q. How many journals were there that 21 you've done for pre-submission inquiries? 22 A. Three.  Page 41  A. Yes.  Q. Okay. And does that that stain is to look for proteins? Strike that.  A. Yes.  Q. Okay. And does that that stain is to look for proteins? Strike that.  What does \$100 stain for?  A. All immunohistochemical stains, the staining specific protein in the sort of simplified way of saying it the antibodies staining specific protein in the sort of simplified way of saying it the antibodies staining specific protein in the sort of simplified way of saying it the antibodies staining specific protein in the sort of simplified way of saying it the antibodies staining specific protein in the sort of simplified way of saying it the antibodies staining specific protein in the sort of simplified way of saying it the antibodies staining specific protein in the sort of simplified way of saying it the antibodies staining specific protein in the sort of simplified way of saying it the antibodies staining specific protein in the sort of simplified way of saying it the antibodies staining specific protein in the sort of simplified			24	
to stop what you're doing, I'm just understanding; why do you believe it's privileged?  A. Because people can contact the journals. People can and people have done it, they've blocked publications. There's a whole process how to avoid that.  The manuscripts are anonymized, reviewers don't see the institutions. You can even select see the institutions. You can even select that if the manuscript's work is exposed before it gets published, it can be either copied, plagiarized, or stopped from publication.  Q. How many journals have you so Q. Okay. And does that that stain is to look for proteins? Strike that.  What does S100 stain for? A. All immunohistochemical stains, the staining specific protein in the sort of simplified way of saying it the antibodies being developed against the specific protein. So that protein can be introduced into mouse, mouse develops antibodies against the protein, or a culture of cells develops antibodies against the protein. Then these antibodies are being extracted. And then if you apply these antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against mouse, and then you have antibodies against mouse, and then you have antibodies against mouse immunoglobulin, then you can bind those antibodies over.  But the second set of antibodies are conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how it is.	25	interested in contacting the journal or trying	25	immunohisto staining S100?
understanding; why do you believe it's  privileged?  A. Because people can contact the  journals. People can and people have done it,  they've blocked publications. There's a whole  process how to avoid that.  The manuscripts are anonymized,  see the institutions. You can even select  reviewers don't see the names, reviewers don't  specific reviewers as not being used as  reviewers. Because this issue came up lately  that if the manuscript's work is exposed before  it gets published, it can be either copied,  plagiarized, or stopped from publication.  Q. How many journals have you so  Q inquiries, correct?  A. No.  Q. How many journals were there that  you've done for pre-submission inquiries?  2 Q. Okay. And does that that stain is  to look for proteins? Strike that.  What does \$100 stain for?  A. All immunohistochemical stains, the  staining specific protein in the sort of  statining specific protein in the sort of  staining specific protein in the sort of  aculture of cells develops antibodies against the protein,  or a culture of cells develops antibodies against the protein.  14 antibodies against the pro		Page 39		Page 41
understanding; why do you believe it's  privileged?  A. Because people can contact the  journals. People can and people have done it,  they've blocked publications. There's a whole  process how to avoid that.  The manuscripts are anonymized,  see the institutions. You can even select  specific reviewers as not being used as  reviewers. Because this issue came up lately  that if the manuscript's work is exposed before  it gets published, it can be either copied,  plagiarized, or stopped from publication.  Q. How many journals have you so  Q inquiries, correct?  A. No.  Q. How many journals were there that  you've done for pre-submission inquiries?  Q. Okay. And does that that stain is to look for proteins? Strike that.  What does \$100 stain for?  A. All immunohistochemical stains, the staining specific protein in the sort of staining	1	to stop what you're doing, I'm just	1	A. Yes.
A. Because people can contact the journals. People can and people have done it, they've blocked publications. There's a whole process how to avoid that. The manuscripts are anonymized, see the institutions. You can even select reviewers as not being used as reviewers. Because this issue came up lately that if the manuscript's work is exposed before that if gets published, it can be either copied, plagiarized, or stopped from publication. Q. How many journals have you so you're not going to tell me the names of the journals that you did the pre-submission A. (Nodding in the negative). Q. How many journals were there that you've done for pre-submission inquiries? A. Three.  What does S100 stain for? A. All immunohistochemical stains, the staining specific protein in the sort of staining specific protein in the sort of staining specific protein in the sort of simplified way of saying it the antibodies being developed against the specific protein. So that protein can be introduced into mouse, mouse develops antibodies against the protein, or a culture of cells develops antibodies against the protein. Then these antibodies are being extracted. And then if you apply these antibodies against tissue, they bind to that specific protein. Then if you have initial animal is mouse, and then you have antibodies against mouse immunoglobulin, then you can bind those antibodies over.  But the second set of antibodies are conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how it is.	2	understanding; why do you believe it's	2	Q. Okay. And does that that stain is
journals. People can and people have done it, they've blocked publications. There's a whole process how to avoid that.  The manuscripts are anonymized, see the institutions. You can even select see the institutions of a culture of cells develops antibodies against the protein. Then these antibodies are being extracted. And then if you apply these antibodies against the protein. Then these antibodies against the protein. Then if you haply these antibodies against the protein. Then if you have initial specific protein. Then if you have initial animal is mouse, and then you have antibodies against mouse immunoglobulin, then you can bind those antibodies over.  A. (Nodding in the negative).  A. (Nodding in the negative).  Q inquiries, correct?  A. No.  Put the second set of antibodies are conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how it is.	3	privileged?	3	to look for proteins? Strike that.
they've blocked publications. There's a whole process how to avoid that.  The manuscripts are anonymized, see the institutions. You can even select that if the manuscript's work is exposed before it gets published, it can be either copied, plagiarized, or stopped from publication.  Q. How many journals have you so you're not going to tell me the names of the journals that you did the pre-submission  A. (Nodding in the negative).  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.  So that protein in the sort of simplified way of saying it the antibodies simplified way of saying it the antibodies being developed against the specific protein.  So that protein can be introduced into mouse, mouse develops antibodies against the protein, or a culture of cells develops antibodies against the protein, Then these antibodies are being extracted. And then if you apply these antibodies against tissue, they bind to that specific protein. Then if you have initial animal is mouse, and then you have antibodies against mouse immunoglobulin, then you can bind those antibodies over.  But the second set of antibodies are conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how it is.	4	A. Because people can contact the	4	What does S100 stain for?
process how to avoid that.  The manuscripts are anonymized, reviewers don't see the names, reviewers don't see the institutions. You can even select specific reviewers as not being used as reviewers. Because this issue came up lately that if the manuscript's work is exposed before it gets published, it can be either copied, plagiarized, or stopped from publication.  Q. How many journals have you so you're not going to tell me the names of the journals that you did the pre-submission  A. (Nodding in the negative).  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.  The manuscript's work is exposed before that if the manuscript's against the protein. Then these antibodies are that if the manuscript's work is exposed before that if the manuscript's work is exposed before that if the manuscript's work is exposed before that if the manuscript's against the protein. Then these antibodies are that if the manuscript's work is exposed before that if the manuscript's work is exposed befo	5	journals. People can and people have done it,	5	A. All immunohistochemical stains, the
The manuscripts are anonymized, reviewers don't see the names, reviewers don't see the institutions. You can even select specific reviewers as not being used as reviewers. Because this issue came up lately that if the manuscript's work is exposed before it gets published, it can be either copied, plagiarized, or stopped from publication.  Q. How many journals have you so you're not going to tell me the names of the journals that you did the pre-submission  A. (Nodding in the negative).  Q. How many journals were there that Q. How many journals were there that you've done for pre-submission inquiries? A. Three.  being developed against the specific protein. So that protein can be introduced into mouse, mouse develops antibodies against the protein, or a culture of cells develops antibodies against the protein. Then these antibodies are being extracted. And then if you apply these antibodies against tissue, they bind to that specific protein. Then these antibodies are antibodies against the protein.  15 specific protein.  16 against the protein. Then these antibodies are intibodies against the protein.  17 specific protein.  18 against the protein.  19 antibodies against the protein.  19 antibodies against the protein.  10 against the protein.  11 or a culture of cells develops antibodies are 12 antibodies against the protein.  13 being extracted. And then if you apply these antibodies against the protein.  14 antibodies against the protein.  15 specific protein.  16 antibodies against the protein.  17 antibodies against the protein.  18 antibodies against the protein.  19 But the second set of antibodies are 20 conjugated with dye, brown dye, or through other 21 actually see where the initial target protein is 22 in the tissue. It's a bit complex. It's easier 23 to draw, but that's how it is.	6	they've blocked publications. There's a whole	6	
reviewers don't see the names, reviewers don't see the institutions. You can even select nor a culture of cells develops antibodies against the protein, mouse develops antibodies against the protein, nor a culture of cells develops antibodies reviewers. Because this issue came up lately that if the manuscript's work is exposed before it gets published, it can be either copied, plagiarized, or stopped from publication.  Q. How many journals have you so you're not going to tell me the names of the journals that you did the pre-submission  A. (Nodding in the negative).  Q inquiries, correct?  A. No.  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.  So that protein can be introduced into mouse, mouse develops antibodies against the protein, nor a culture of cells develops antibodies against the protein, mouse develops antibodies against the protein, nor a culture of cells develops antibodies against the protein. Then these antibodies are being extracted. And then if you apply these antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against the protein.  Then these antibodies out in the specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein. Then if you apply these antibodies against tissue, they bind to that specific protein. Then these antibodies against the protein.  Then these antibodies over.  But the second set of antibodies are conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how it is.	7	process how to avoid that.	7	simplified way of saying it the antibodies
see the institutions. You can even select  specific reviewers as not being used as  reviewers. Because this issue came up lately  that if the manuscript's work is exposed before  it gets published, it can be either copied,  plagiarized, or stopped from publication.  Q. How many journals have you so  you're not going to tell me the names of the  journals that you did the pre-submission  A. (Nodding in the negative).  Q inquiries, correct?  A. No.  Q. How many journals were there that  you've done for pre-submission inquiries?  A. Three.  10 mouse develops antibodies against the protein,  or a culture of cells develops antibodies  against the protein,  or a culture of cells develops antibodies  against the protein,  or a culture of cells develops antibodies  against the protein,  or a culture of cells develops antibodies  against the protein,  or a culture of cells develops antibodies  against the protein,  or a culture of cells develops antibodies  against the protein. Then these antibodies are  that if the manuscript's work is exposed before  13 being extracted. And then if you apply these  antibodies against the protein. Then these antibodies against the protein.  Then these antibodies are  14 antibodies against the protein. Then these antibodies against mouse impulies apply these  15 specific protein. Then if you have initial  animal is mouse, and then you have antibodies  against mouse impulse in the negative initial  26 against mouse impulse in the specific protein.  27 But the second set of antibodies are  28 conjugated with dye, brown dye, or through other  29 mechanism becomes brown, and this way you can  20 actually see where the initial target protein is  21 in the tissue. It's a bit complex. It's easier  28 to draw, but that's how it is.	8	The manuscripts are anonymized,	8	being developed against the specific protein.
specific reviewers as not being used as reviewers. Because this issue came up lately that if the manuscript's work is exposed before it gets published, it can be either copied, plagiarized, or stopped from publication.  Q. How many journals have you so you're not going to tell me the names of the journals that you did the pre-submission  A. (Nodding in the negative).  Q inquiries, correct?  A. No.  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.  Then these antibodies against the protein. Then theyou apply these antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against tissue, they bind to that specific protein.  But the second set of antibodies are conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier	9	reviewers don't see the names, reviewers don't	9	So that protein can be introduced into mouse,
reviewers. Because this issue came up lately that if the manuscript's work is exposed before it gets published, it can be either copied, plagiarized, or stopped from publication.  Q. How many journals have you so you're not going to tell me the names of the journals that you did the pre-submission  A. (Nodding in the negative).  Q inquiries, correct?  A. No.  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.  12 against the protein. Then these antibodies are being extracted. And then if you apply these antibodies against tissue, they bind to that  plagiant the protein. Then if you have initial antibodies against mouse inmunoglobulin, then you can bind those antibodies over.  But the second set of antibodies are conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how it is.	10		10	
that if the manuscript's work is exposed before it gets published, it can be either copied, plagiarized, or stopped from publication.  O. How many journals have you so you're not going to tell me the names of the journals that you did the pre-submission  A. (Nodding in the negative).  O. How many journals were there that you've done for pre-submission inquiries?  A. Three.  13 being extracted. And then if you apply these antibodies against tissue, they bind to that specific protein. Then if you have initial antimal is mouse, and then you have antibodies against mouse immunoglobulin, then you can bind those antibodies over.  19 But the second set of antibodies are conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how it is.				-
it gets published, it can be either copied, plagiarized, or stopped from publication.  Q. How many journals have you so you're not going to tell me the names of the journals that you did the pre-submission  A. (Nodding in the negative).  Q inquiries, correct?  A. No.  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.  14 antibodies against tissue, they bind to that specific protein. Then if you have initial antibodies against mouse, and then you have antibodies against mouse immunoglobulin, then you can bind those antibodies over.  19 But the second set of antibodies are conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how it is.		_ · ·	12	
plagiarized, or stopped from publication.  Q. How many journals have you so you're not going to tell me the names of the journals that you did the pre-submission  A. (Nodding in the negative).  Q inquiries, correct?  A. No.  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.  15 specific protein. Then if you have initial animal is mouse, and then you have antibodies against mouse immunoglobulin, then you can bind those antibodies over.  19 But the second set of antibodies are conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how it is.				
Q. How many journals have you so 16 animal is mouse, and then you have antibodies 17 you're not going to tell me the names of the 18 journals that you did the pre-submission 19 A. (Nodding in the negative). 19 Q inquiries, correct? 20 conjugated with dye, brown dye, or through other 21 A. No. 22 Q. How many journals were there that 23 you've done for pre-submission inquiries? 24 A. Three. 16 animal is mouse, and then you have antibodies 26 against mouse immunoglobulin, then you can bind 27 those antibodies over. 28 conjugated with dye, brown dye, or through other 29 actually see where the initial target protein is 20 in the tissue. It's a bit complex. It's easier 20 to draw, but that's how it is.				
you're not going to tell me the names of the journals that you did the pre-submission A. (Nodding in the negative).  Q inquiries, correct?  A. No. Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.  17 against mouse immunoglobulin, then you can bind those antibodies over.  18 those antibodies over.  19 But the second set of antibodies are conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how it is.				
18 journals that you did the pre-submission 19 A. (Nodding in the negative). 19 But the second set of antibodies are 20 Q inquiries, correct? 21 A. No. 22 Q. How many journals were there that 23 you've done for pre-submission inquiries? 24 A. Three. 28 those antibodies over. 29 Conjugated with dye, brown dye, or through other 21 mechanism becomes brown, and this way you can 22 actually see where the initial target protein is 23 in the tissue. It's a bit complex. It's easier 24 to draw, but that's how it is.		· · · · · · · · · · · · · · · · · · ·		
A. (Nodding in the negative).  Q inquiries, correct?  A. No.  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.  19  But the second set of antibodies are conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how it is.				
Q inquiries, correct?  A. No.  Q. How many journals were there that you've done for pre-submission inquiries?  A. Three.  20 conjugated with dye, brown dye, or through other mechanism becomes brown, and this way you can actually see where the initial target protein is in the tissue. It's a bit complex. It's easier to draw, but that's how it is.		· ·		
A. No.  21 mechanism becomes brown, and this way you can 22 Q. How many journals were there that 23 you've done for pre-submission inquiries? 24 A. Three.  21 mechanism becomes brown, and this way you can 22 actually see where the initial target protein is 23 in the tissue. It's a bit complex. It's easier 24 to draw, but that's how it is.				
Q. How many journals were there that you've done for pre-submission inquiries? 23 in the tissue. It's a bit complex. It's easier to draw, but that's how it is.				
you've done for pre-submission inquiries?  23 in the tissue. It's a bit complex. It's easier  24 A. Three.  23 to draw, but that's how it is.				
24 A. Three. 24 to draw, but that's how it is.				
				=
Q. Are those journals in the United 25 Q. If I had a sheet of paper, could you				
		LL Are these tournels in the United	1 7 h	LL It I had a sheet of naner could you

#### Page 42 Page 44 1 draw what you're referencing? 1 primary antibody, and will show as a brown 2 A. Yes. 2 color. This one is colorless, this one will 3 So assume we have -- somebody was 3 have a color. 4 smart enough to figure out that there is a 4 Technically you can attach dye here 5 5 protein and he calls it S100, or he can call it and then just see the antibody. But this will 6 6 Bobby or whatever, I mean the researchers be only very small signal, you may not be able 7 7 sometimes comes up with funny names. So this is to see it. This way you can have several 8 S100 protein, and we know this is S100 protein. 8 antibodies stuck to primary antibody, so your 9 So this protein is introduced in 9 signal gets larger and you can see it easier. 10 10 Q. So the several antibodies stuck to the mouse. So mouse, because it's a foreign protein 11 primary antibody that's on the tissue slides of 11 for the animal, develops antibody against S100 the human that you're referring to? 12 12 protein. So the antibody (drawing), light chain 13 A. So this amplifies, instead of one 13 looks like letter Y, just draw it like Y. So 14 14 mouse immune system develops immunoglobulin point you end up with several points. 15 Q. And then the color that it stains for 15 which binds against S100 protein. 16 S100 is brown that you referenced? 16 Q. Can I stop you? 17 17 A. For what I use is brown. Sometimes if The immunoglobulin that the mouse 18 you use different reagents it can be purple, 18 develops, is that the antibody that -- is that 19 19 the antibody, or are they two different things? 20 20 A. That's antibody. Immunoglobulin is Q. Is there a certain brand or type of 21 S100 that you use? 21 antibody. I mean, yes, antibody and 22 A. It's in the records for immuno -- as I 22 immunoglobulin, we can say that they are the 23 23 said, we are diagnostic lab, everything is same thing. 24 quality controlled and quality assurance, and 24 So then if you kill the mouse, draw 25 each new vial is being optimized and 25 serum, and then we have human tissue on the Page 43 Page 45 1 slide. standardized. It's in the records. I can check 2 2 Now, then, if we take this antibody or what they used. 3 immunoglobulin and introduce it to a rabbit, so 3 Q. Okay. So just to be clear, the S100 4 this antibody goes into rabbit, and then this is 4 stain that you used, somewhere it's recorded 5 a mouse antibody, so let's make a thick dark so 5 what that S100 stain was and when it was used? 6 6 we can (drawing) -- rabbit's immune system A. Yes. It's vial, the concentration, 7 7 develops antibodies against mouse antibodies, dilution, manufacturer, positive controls, 8 8 negative controls. Each day everything is and let's put it empty sort of clear like this 9 (drawing). 9 recorded. 10 Then what we have, we have rabbit 10 Q. Okay. And is it the S100 protein that the stain is specifically staining for? 11 anti-mouse immunoglobulin. And then this 11 12 antibody can be also conjugated to specific 12 A. That antibody? 13 molecules which can be further amplified to 13 Q. Yes. 14 brown stain. 14 A. That antibody specific. Because see, 15 So now we have one vial of rabbit 15 sometimes what happens in the mouse, you have 16 anti-mouse antibodies, and we have mice, and 16 multiple antibodies. So the new step in this 17 17 technology, which I didn't try to draw, is that then we can introduce different proteins into 18 the mice, and then we can have one rabbit 18 you develop a tumor, neoplastic cells, which 19 19 antibody with the dye, and a whole set of pump out antibodies, and that becomes 20 20 monoclonal. So you don't have a bunch of different antibodies from the mouse against 21 21 antibodies including S100, you have just S100. human proteins. This gives you flexibility. 22 You apply first antibody, it binds 22 So this is again specifically S100. 23 here because it's specific against human 23 Q. Okay. The S100 stain, you tell me all 24 24 the different tissues where that can potentially protein. But then you have universal detection 25 25 system, or dye, which will stick to the first stain positive for. I know you mentioned

	Page 46		Page 48
1	nerves.	1	morphologically.
2	A. Schwann cells contain S100,	2	Q. Do you know if S100 can stain from
3	melanocytes, adipose tissue, fat, chondrocytes.	3	strike that.
4	Q. Monocytes, did you mention monocytes?	4	Do you know if S100 can stain foreign
5	A. No. Chondrocytes.	5	body joint cells?
6	Q. Chondrocytes.	6	A. It's the same cell, histiocytes.
7	A. Can be nonspecific in other cells at	7	We're talking about the same thing, just
8	low levels. The art of pathology is not just to	8	different names.
9	be as a machine, you see staining or you don't.	9	Q. They're a fusion of macrophages
10	You interpret it by other means. I can see	10	together, that's why you're saying they're the
11	nerves without S100 stain by any staining. So	11	same cell?
12	if morphology fits, pattern of staining fits,	12	A. Yes.
13	then I use it as feature. If I see that	13	Q. But as you sit here today, you don't
14	something is not specific, if it's binding to	14	know whether macrophages, whether they're in a
15	nonspecifically to different structures for	15	single cell or fused foreign body giant cell
16	whatever reason, I either repeat the stain or I	16	status can stain for S100, correct?
17	don't I ignore the staining altogether.	17	A. No, I don't know. It didn't strike me
18	Q. Can S100 stain positive for monocytes?	18	as strongly positive, otherwise I would have
19	A. I would have to check on what exactly.	19	seen it. There are probably pictures here.
20	It potentially can. It's not commonly used to	20	Like this one, see (indicating)?
21	identify monocytes. It's not a specific marker	21	Q. We're going to get to those.
22	for macrophages. At least it's not regarded	22	A. This
23	like that in diagnostic field.	23	MR. FABRY: Let him finish his answer,
24	Q. As you sit here today, do you know	24	please.
25	whether S100 can stain monocytes?	25	A. There are macrophages. From this
	Page 47		Page 49
1	A. I do not. I don't remember. As I	1	power I don't see any staining, so in this
2	said, it's not specifically used for monocytes,	2	particular slide it did not stain.
3	that's why I don't remember.	3	BY MR. SNELL:
4	Q. Can S100 stain positive in	4	Q. What slide are you talking about?
5	histiocytes?	5	A. 64. This is Page 64.
6	A. Monocyte, histocyte, the same cell.	6	Q. We will come back to that.
7	The answer is possibly can. It's not used,	7	A. For that specific situation, it did
8	therefore I don't know. I can check with the	8	not stain. And it's just one picture, I just
9	list and rate of positivity for specific tissues	9	flipped the page, it's not that I was looking
10	the companies supply.	10	for.
11	Q. Do you have a copy of that list and	11	Q. Do you know, can S100 protein stain in
12	rate of S100 staining back at your lab?	12	tumors?
13	A. That's either in manual for the	13	A. Yes.
14	antibody of the supplier. Or another way of	14	Q. Certain cells of lymph nodes?
15	checking it, to check immuno queries, there are	15	A. Yes.
16	websites and different publications.	16	Q. Can S100 stain for epidural Langhorne
17	Q. Is that something you could easily do?	17	cells? You're the doctor, not me.
	A. For monocyte, yes, I can do that. But	18	A. It can stain any cell which can
18	I don't understand the question. Monocyte is a	19	contain S100 family of proteins. There might
19			be we might be talking about at least over
19 20	cell. Nerve is the largest structure. So	20	
19 20 21	cell. Nerve is the largest structure. So morphologically they're so different that I	21	100 different cells, different situations. As I
19 20 21 22	cell. Nerve is the largest structure. So morphologically they're so different that I wouldn't even think about it.	21 22	100 different cells, different situations. As I said, we interpret this how it looks basically.
19 20 21 22 23	cell. Nerve is the largest structure. So morphologically they're so different that I wouldn't even think about it.  Q. Okay.	21 22 23	100 different cells, different situations. As I said, we interpret this how it looks basically.  Q. So S100 is not a single protein, it is
19 20 21 22	cell. Nerve is the largest structure. So morphologically they're so different that I wouldn't even think about it.	21 22	100 different cells, different situations. As I said, we interpret this how it looks basically.

13 (Pages 46 to 49)

	Page 50		Page 52
1	Q. There can be over 100 different types	1	about the thickness of the cuts of the tissue
2	of cells that could potentially stain for S100?	2	with the microtome?
3	A. Possibly. Don't quote me for 100.	3	A. Yes. Electron microscopy is thinner.
4	Possibly, as I said, at least within ten, there	4	Q. For the TEM, the electron microscopy,
5	will be different scenarios.	5	how thick are those cuts?
6	And I have to repeat that the	6	A. I don't remember now. I think it's
7	interpretation is not based just brown or blue,	7	half an a micron or 1 micron. It's really thin,
8	interpretation is based on morphological	8	very thin. It can be thicker. If tissue starts
9	features and correlation between positive	9	crumbling, then you get thicker, but it's much
10	staining and morphological features. So I	10	thinner than histology.
11	decide if it's specific or not.	11	Q. I believe you testified for the
12	Q. So what you're testifying to is even	12	electron microscopy there's heavy metal
13	if something stains brown, you're the one who	13	staining?
14	decides whether or not it's a real finding?	14	A. I think osmium.
15	A. Yes. Or if the finding which answer	15	Q. Can you spell that for us?
16	the question. It can be real, it can be real	16	A. Again, don't quote me, but I think
17	S100 in the monocyte if you want, but it's not	17	this is metal which is used for. I can check
18	specific. I'm using it to highlight nerves. If	18	for you. I mean it's accepted standardized
19	it's highlighting something else, I just ignore	19	protocol for electron microscopy.
20	it because it's not my question.	20	Q. When you were talking about how the
21	Q. Is there a specific stain that looks	21	histology samples are fixed, you mentioned
22	for nerves, the neurovascular system?	22	formalin, correct?
23	A. Just nerves, nothing else? So one	23	A. Yes.
24	single stain, neurofilament, neurofilament will	24	Q. Formalin is a fixative for pathology?
25	stain. But neurofilament is a really thin	25	A. Yes.
	,		
	Page 51		Page 53
	_		Page 55
1	structure, it's difficult to see. I've tried	1	Q. What exactly is formalin beyond it's a
1 2		1 2	
	structure, it's difficult to see. I've tried		Q. What exactly is formalin beyond it's a
2	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's	2	Q. What exactly is formalin beyond it's a fixative for pathology?
2 3	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.	2 3	<ul><li>Q. What exactly is formalin beyond it's a fixative for pathology?</li><li>A. It's a chemical which is caused by</li></ul>
2 3 4	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's	2 3 4	<ul><li>Q. What exactly is formalin beyond it's a fixative for pathology?</li><li>A. It's a chemical which is caused by proteins. The proteins gets cross-linked.</li></ul>
2 3 4 5	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining	2 3 4 5	<ul> <li>Q. What exactly is formalin beyond it's a fixative for pathology?</li> <li>A. It's a chemical which is caused by proteins. The proteins gets cross-linked.</li> <li>Q. Just S100 proteins, or all proteins?</li> </ul>
2 3 4 5 6	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?	2 3 4 5 6	<ul> <li>Q. What exactly is formalin beyond it's a fixative for pathology?</li> <li>A. It's a chemical which is caused by proteins. The proteins gets cross-linked.</li> <li>Q. Just \$100 proteins, or all proteins?</li> <li>A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins</li> </ul>
2 3 4 5 6 7	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.	2 3 4 5 6 7	<ul> <li>Q. What exactly is formalin beyond it's a fixative for pathology?</li> <li>A. It's a chemical which is caused by proteins. The proteins gets cross-linked.</li> <li>Q. Just \$100 proteins, or all proteins?</li> <li>A. All proteins. It prevents from</li> </ul>
2 3 4 5 6 7 8	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining	2 3 4 5 6 7 8	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just S100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade
2 3 4 5 6 7 8 9	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?	2 3 4 5 6 7 8 9	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just S100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.
2 3 4 5 6 7 8 9	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it,	2 3 4 5 6 7 8 9	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just \$100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as
2 3 4 5 6 7 8 9 10	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it, but which brand it was, type, I don't remember.	2 3 4 5 6 7 8 9 10	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just \$100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as formaldehyde, or are they two different
2 3 4 5 6 7 8 9 10 11 12	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it, but which brand it was, type, I don't remember.  Human body, I don't think there is such a thing as strictly specific staining,	2 3 4 5 6 7 8 9 10 11	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just S100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as formaldehyde, or are they two different chemicals?  A. Formalin is solution of formaldehyde.
2 3 4 5 6 7 8 9 10 11 12 13	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it, but which brand it was, type, I don't remember.  Human body, I don't think there is	2 3 4 5 6 7 8 9 10 11 12 13	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just \$100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as formaldehyde, or are they two different chemicals?
2 3 4 5 6 7 8 9 10 11 12 13 14	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it, but which brand it was, type, I don't remember.  Human body, I don't think there is such a thing as strictly specific staining, because we all have the same genome in each cell, and there might be situations when, for	2 3 4 5 6 7 8 9 10 11 12 13 14	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just S100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as formaldehyde, or are they two different chemicals?  A. Formalin is solution of formaldehyde. It's like vodka and well, spirit.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it, but which brand it was, type, I don't remember.  Human body, I don't think there is such a thing as strictly specific staining, because we all have the same genome in each	2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just S100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as formaldehyde, or are they two different chemicals?  A. Formalin is solution of formaldehyde.  It's like vodka and well, spirit.  Q. And for the formalin fixation in
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it, but which brand it was, type, I don't remember.  Human body, I don't think there is such a thing as strictly specific staining, because we all have the same genome in each cell, and there might be situations when, for whatever reason, specific environment or	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just S100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as formaldehyde, or are they two different chemicals?  A. Formalin is solution of formaldehyde.  It's like vodka and well, spirit.  Q. And for the formalin fixation in pathology, is there a certain ratio that the formaldehyde is supposed to be concentrated in?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it, but which brand it was, type, I don't remember.  Human body, I don't think there is such a thing as strictly specific staining, because we all have the same genome in each cell, and there might be situations when, for whatever reason, specific environment or specific stimuli, the cell starts producing a protein. They're all encoded in each cell.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just S100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as formaldehyde, or are they two different chemicals?  A. Formalin is solution of formaldehyde. It's like vodka and well, spirit.  Q. And for the formalin fixation in pathology, is there a certain ratio that the formaldehyde is supposed to be concentrated in?  A. Yes. It's premixed. The laboratories
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it, but which brand it was, type, I don't remember.  Human body, I don't think there is such a thing as strictly specific staining, because we all have the same genome in each cell, and there might be situations when, for whatever reason, specific environment or specific stimuli, the cell starts producing a protein. They're all encoded in each cell.  Q. As you sit here today, you don't	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just S100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as formaldehyde, or are they two different chemicals?  A. Formalin is solution of formaldehyde. It's like vodka and well, spirit.  Q. And for the formalin fixation in pathology, is there a certain ratio that the formaldehyde is supposed to be concentrated in?  A. Yes. It's premixed. The laboratories buy it premixed. It's buffered. It's not just
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it, but which brand it was, type, I don't remember.  Human body, I don't think there is such a thing as strictly specific staining, because we all have the same genome in each cell, and there might be situations when, for whatever reason, specific environment or specific stimuli, the cell starts producing a protein. They're all encoded in each cell.  Q. As you sit here today, you don't recall whether you performed any neurofilament	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just S100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as formaldehyde, or are they two different chemicals?  A. Formalin is solution of formaldehyde. It's like vodka and well, spirit.  Q. And for the formalin fixation in pathology, is there a certain ratio that the formaldehyde is supposed to be concentrated in?  A. Yes. It's premixed. The laboratories buy it premixed. It's buffered. It's not just concentration, it's also acidity controlled.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it, but which brand it was, type, I don't remember.  Human body, I don't think there is such a thing as strictly specific staining, because we all have the same genome in each cell, and there might be situations when, for whatever reason, specific environment or specific stimuli, the cell starts producing a protein. They're all encoded in each cell.  Q. As you sit here today, you don't recall whether you performed any neurofilament staining on any TVT explanted meshes, correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just \$100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as formaldehyde, or are they two different chemicals?  A. Formalin is solution of formaldehyde. It's like vodka and well, spirit.  Q. And for the formalin fixation in pathology, is there a certain ratio that the formaldehyde is supposed to be concentrated in?  A. Yes. It's premixed. The laboratories buy it premixed. It's buffered. It's not just concentration, it's also acidity controlled. And this is again quality assurance, quality
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it, but which brand it was, type, I don't remember.  Human body, I don't think there is such a thing as strictly specific staining, because we all have the same genome in each cell, and there might be situations when, for whatever reason, specific environment or specific stimuli, the cell starts producing a protein. They're all encoded in each cell.  Q. As you sit here today, you don't recall whether you performed any neurofilament	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just S100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as formaldehyde, or are they two different chemicals?  A. Formalin is solution of formaldehyde. It's like vodka and well, spirit.  Q. And for the formalin fixation in pathology, is there a certain ratio that the formaldehyde is supposed to be concentrated in?  A. Yes. It's premixed. The laboratories buy it premixed. It's buffered. It's not just concentration, it's also acidity controlled. And this is again quality assurance, quality control systems in the labs.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it, but which brand it was, type, I don't remember.  Human body, I don't think there is such a thing as strictly specific staining, because we all have the same genome in each cell, and there might be situations when, for whatever reason, specific environment or specific stimuli, the cell starts producing a protein. They're all encoded in each cell.  Q. As you sit here today, you don't recall whether you performed any neurofilament staining on any TVT explanted meshes, correct?  A. I don't remember. I could have, but I	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just S100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as formaldehyde, or are they two different chemicals?  A. Formalin is solution of formaldehyde. It's like vodka and well, spirit.  Q. And for the formalin fixation in pathology, is there a certain ratio that the formaldehyde is supposed to be concentrated in?  A. Yes. It's premixed. The laboratories buy it premixed. It's buffered. It's not just concentration, it's also acidity controlled. And this is again quality assurance, quality control systems in the labs.  Q. Is formalin regularly used in the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	structure, it's difficult to see. I've tried it, it's difficult to interpret. I mean it's easy to interpret when you see it, but it's difficult to see on low power.  Q. Did you do any neurofilament staining on Mrs. Edwards?  A. No.  Q. Did you do any neurofilament staining on any of the other TVT-O mesh specimens?  A. I don't remember now. I've tried it, but which brand it was, type, I don't remember.  Human body, I don't think there is such a thing as strictly specific staining, because we all have the same genome in each cell, and there might be situations when, for whatever reason, specific environment or specific stimuli, the cell starts producing a protein. They're all encoded in each cell.  Q. As you sit here today, you don't recall whether you performed any neurofilament staining on any TVT explanted meshes, correct?  A. I don't remember. I could have, but I don't remember.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. What exactly is formalin beyond it's a fixative for pathology?  A. It's a chemical which is caused by proteins. The proteins gets cross-linked.  Q. Just S100 proteins, or all proteins?  A. All proteins. It prevents from decomposition. Proteins, cross-linked proteins cannot be digested by bacteria or degrade further.  Q. Is formalin the same thing as formaldehyde, or are they two different chemicals?  A. Formalin is solution of formaldehyde. It's like vodka and well, spirit.  Q. And for the formalin fixation in pathology, is there a certain ratio that the formaldehyde is supposed to be concentrated in?  A. Yes. It's premixed. The laboratories buy it premixed. It's buffered. It's not just concentration, it's also acidity controlled. And this is again quality assurance, quality control systems in the labs.

	Page 54		Page 56
1	fixative throughout the world.	1	is more gentle than formalin?
2	Q. And the paraffin, how does that differ	2	A. Yes. I mean, again, gentle is a
3	from the formalin?	3	descriptive term.
4	A. Paraffin is paraffin, like a wax.	4	Q. Does glutaraldehyde contain
5	Q. So it's not a preservative? It	5	formaldehyde?
6	doesn't bind with proteins, or does it?	6	A. Maybe traces. I don't know exact
7	A. No. It just mechanically holds	7	purity of it. It's aldehyde. It's, I guess
8	tissue. To cut tissue you need to hold it. So	8	different tail, different length of the tail of
9	it's imbedded in paraffin, and then the knife	9	aldehyde group.
10	cuts through paraffin and cuts through the	10	Q. Do you know, is there a certain brand
11	tissue. Because otherwise, the tissue would	11	or manufacturer you use glutaraldehyde from?
12	fold under the knife.	12	A. I can check. We have diagnostic lab.
13	Q. When the tissue is in the formalin and	13	I mean everything is coming from accredited
14	there's the cross-linking of the proteins, does	14	manufacturers.
15	that cross-linking continue over time as the	15	Q. How does the glutaraldehyde work?
16	tissue remains in the formalin?	16	A. I believe it's the same principle. It
17	A. Yes, to a degree. But the rate is	17	crosslinks proteins, but in a different way.
18	different. And for specific proteins, it's a	18	But I'm not I don't know exact details,
19	little different. It's variable. But yes.	19	what's the difference between formalin and
20	Q. When you take the tissue out of the	20	glutaraldehyde.
21	formalin and you put it into paraffin, do you	21	Q. For formalin, do you know whether
22	know whether or not the proteins are still	22	well, strike that.
23	cross-linked? Assuming you don't take it out of	23	For formalin, you do know that it
24	the	24	binds proteins?
25	A. We assume that they are cross-linked,	25	A. Crosslinks.
	·		
	Page 55		Page 57
1	and the staining protocols and antibodies are	1	Q. For formalin, you know it crosslinks
2	optimized for cross-linking. So before the	2	proteins, correct?
3	staining is done, each staining requires	3	A. Yes.
4	retrieval of the antibody. So what happens, you	4	Q. Is that part of your basic pathology
5	know that it's cross-linked, therefore you have	5	training?
6	to unlink it. So before staining is done,	6	A. Yes.
7	there's unlinking process, or antigen retrieval.	7	Q. Have you had any discussions at all
8	You have to open the sites where the antibody	8	with Mrs. Edwards' healthcare providers?
9	can see the tissue. Then it's being opened by	9	A. No.
10	different links. So the antibody when it's	10	Q. Have you ever talked to Mr. or
11	produced by manufacturer is optimized for	11	Mrs. Edwards?
12	formalin fixed paraffin imbedded tissue.	12	A. No.
13	Q. So what you're saying is like for the	13	Q. Have you had any written
14	S100 antibody, it's optimized by the	14	correspondence with any of Mrs. Edwards' medical
15	manufacturer, that antibody, to be able to work	15	providers?
16	in the histologic specimen which has gone from	16	A. No.
17	formalin to paraffin to cutting?	17	Q. Have you spoken with anyone other than
18	A. Yes.	18	Mrs. Edwards' lawyers about Mrs. Edwards' case?
	Q. I believe you mentioned glutaraldehyde	19	A. No.
19		20	Q. Have you spoken with anyone other than
19 20	for the electron microscopy. What is that?	1 - 0	
	for the electron microscopy. What is that?  A. It's a similar fixative but it's more	21	Mrs. Huskey's lawyers about Mrs. Huskey's case?
20	= -		Mrs. Huskey's lawyers about Mrs. Huskey's case?  A. No.
20 21	A. It's a similar fixative but it's more	21	
20 21 22	A. It's a similar fixative but it's more gentle, preserves the tails. It's been found	21 22	A. No.

	Page 58		Page 60
1	Q. And you didn't have any written	1	list, I believe, contains medical records.
2	conversations with them either; "them" being	2	(Whereupon, Iakovlev Exhibit Number 2,
3	Mrs. Huskey's providers?	3	Rule 26 Expert Report of Dr. Vladimir
4	A. No.	4	Iakovlev, Number 3, Document titled
5	Q. The medical literature that you	5	Facts of Data Considered in Forming
6	reviewed, that's all contained within your list	6	Opinions, and Number 4, Curriculum
7	of materials at the back of your report?	7	Vitae of Vladimir Iakovlev, were
8	A. Yes. This was most relevant to the	8	marked for identification.)
9	report, because I reviewed way more during my	9	BY MR. SNELL:
10	career. I cannot include everything I've read.	10	Q. Doctor, I'm handing you Exhibit
11	Q. The most important articles are	11	Number 2, 3, and 4 to your deposition (handing).
12	included in your materials list, though, to your	12	(Witness reviewing documents.)
13	report?	13	MR. FABRY: Would it be okay if we
14	A. Yes. Things like S100 protein. I	14	take a real brief break before we dive into the
15	mean this is a very long list of literature I	15	report?
16	reviewed as part of my career.	16	MR. SNELL: Sure.
17	Q. As you sit here today, are there any	17	MR. FABRY: Thank you.
18	literature that come to mind that you've seen in	18	(Whereupon, a recess was taken from
19	your career that are of particular importance to	19	9:33 a.m. to 9:42 a.m.)
20	you for your opinions?	20	BY MR. SNELL:
21	MR. McCONNELL: You mean other than	21	Q. Just go back to one thing. You
22	what's on the list?	22	estimate that you spent 22 to 25 hours on the
23	MR. SNELL: Absolutely, yes.	23	Ethicon litigation up until yesterday, correct?
24	A. Do you mean particularly important for	24	A. Yes.
25	this report?	25	Q. Now, you have Exhibits 2, 3 and 4 in
	•		
	Page 59		Page 61
1	BY MR. SNELL:	1	front of you?
2	Q. Particularly important to you in your	2	A. Yes.
3	analysis of the Ethicon meshes.	3	Q. Exhibit 2 is your expert report,
4	A. Depends on the question. I mean if	4	correct?
5	specific question, then specific literature. I	5	A. Yes. Yes, it is.
6	mean something one article which answers all	6	Q. And Exhibit 3 is the list of facts and
7	questions? No, there is none. There is one	7	
0		'	materials that you rely upon which include
8	article which gives you this piece of	8	materials that you rely upon which include medical literature, medical records,
8 9	article which gives you this piece of information, the other one gives you this piece		
	information, the other one gives you this piece of information. I can't say one single most	8	medical literature, medical records,
9	information, the other one gives you this piece	8 9	medical literature, medical records, depositions, documents, correct?
9 10	information, the other one gives you this piece of information. I can't say one single most important, no, I cannot.  Q. As you sit here, are there any	8 9 10	medical literature, medical records, depositions, documents, correct?  A. Yes. These were made available to me
9 10 11	information, the other one gives you this piece of information. I can't say one single most important, no, I cannot.	8 9 10 11	medical literature, medical records, depositions, documents, correct?  A. Yes. These were made available to me by the attorneys.
9 10 11 12	information, the other one gives you this piece of information. I can't say one single most important, no, I cannot.  Q. As you sit here, are there any	8 9 10 11 12	medical literature, medical records, depositions, documents, correct?  A. Yes. These were made available to me by the attorneys.  Q. Is that an accurate and complete list,
9 10 11 12 13	information, the other one gives you this piece of information. I can't say one single most important, no, I cannot.  Q. As you sit here, are there any articles that you intend to discuss at trial	8 9 10 11 12 13	medical literature, medical records, depositions, documents, correct?  A. Yes. These were made available to me by the attorneys.  Q. Is that an accurate and complete list, Exhibit Number 3, of the materials you reviewed?
9 10 11 12 13 14	information, the other one gives you this piece of information. I can't say one single most important, no, I cannot.  Q. As you sit here, are there any articles that you intend to discuss at trial that you haven't disclosed in your list of materials?  A. Unless you ask me specific question,	8 9 10 11 12 13 14	medical literature, medical records, depositions, documents, correct?  A. Yes. These were made available to me by the attorneys.  Q. Is that an accurate and complete list, Exhibit Number 3, of the materials you reviewed?  A. Well, see, this is the point is
9 10 11 12 13 14 15	information, the other one gives you this piece of information. I can't say one single most important, no, I cannot.  Q. As you sit here, are there any articles that you intend to discuss at trial that you haven't disclosed in your list of materials?	8 9 10 11 12 13 14 15	medical literature, medical records, depositions, documents, correct?  A. Yes. These were made available to me by the attorneys.  Q. Is that an accurate and complete list, Exhibit Number 3, of the materials you reviewed?  A. Well, see, this is the point is that, as I said, it's whole career, so I've
9 10 11 12 13 14 15	information, the other one gives you this piece of information. I can't say one single most important, no, I cannot.  Q. As you sit here, are there any articles that you intend to discuss at trial that you haven't disclosed in your list of materials?  A. Unless you ask me specific question,	8 9 10 11 12 13 14 15 16	medical literature, medical records, depositions, documents, correct?  A. Yes. These were made available to me by the attorneys.  Q. Is that an accurate and complete list, Exhibit Number 3, of the materials you reviewed?  A. Well, see, this is the point is that, as I said, it's whole career, so I've reviewed more materials. The list I provided in
9 10 11 12 13 14 15 16 17	information, the other one gives you this piece of information. I can't say one single most important, no, I cannot.  Q. As you sit here, are there any articles that you intend to discuss at trial that you haven't disclosed in your list of materials?  A. Unless you ask me specific question, then I can if it becomes point of argument.	8 9 10 11 12 13 14 15 16 17	medical literature, medical records, depositions, documents, correct?  A. Yes. These were made available to me by the attorneys.  Q. Is that an accurate and complete list, Exhibit Number 3, of the materials you reviewed?  A. Well, see, this is the point is that, as I said, it's whole career, so I've reviewed more materials. The list I provided in the reference list is what I thought was most
9 10 11 12 13 14 15 16 17	information, the other one gives you this piece of information. I can't say one single most important, no, I cannot.  Q. As you sit here, are there any articles that you intend to discuss at trial that you haven't disclosed in your list of materials?  A. Unless you ask me specific question, then I can if it becomes point of argument.  Q. But as you sit here today	8 9 10 11 12 13 14 15 16 17	medical literature, medical records, depositions, documents, correct?  A. Yes. These were made available to me by the attorneys.  Q. Is that an accurate and complete list, Exhibit Number 3, of the materials you reviewed?  A. Well, see, this is the point is that, as I said, it's whole career, so I've reviewed more materials. The list I provided in the reference list is what I thought was most relevant to this report. I cannot state that
9 10 11 12 13 14 15 16 17 18	information, the other one gives you this piece of information. I can't say one single most important, no, I cannot.  Q. As you sit here, are there any articles that you intend to discuss at trial that you haven't disclosed in your list of materials?  A. Unless you ask me specific question, then I can if it becomes point of argument.  Q. But as you sit here today A. I don't plan, no.	8 9 10 11 12 13 14 15 16 17 18	medical literature, medical records, depositions, documents, correct?  A. Yes. These were made available to me by the attorneys.  Q. Is that an accurate and complete list, Exhibit Number 3, of the materials you reviewed?  A. Well, see, this is the point is that, as I said, it's whole career, so I've reviewed more materials. The list I provided in the reference list is what I thought was most relevant to this report. I cannot state that it's complete, because complete you have to go
9 10 11 12 13 14 15 16 17 18 19 20	information, the other one gives you this piece of information. I can't say one single most important, no, I cannot.  Q. As you sit here, are there any articles that you intend to discuss at trial that you haven't disclosed in your list of materials?  A. Unless you ask me specific question, then I can if it becomes point of argument.  Q. But as you sit here today A. I don't plan, no. Q. All of the medical records and the	8 9 10 11 12 13 14 15 16 17 18 19 20	medical literature, medical records, depositions, documents, correct?  A. Yes. These were made available to me by the attorneys.  Q. Is that an accurate and complete list, Exhibit Number 3, of the materials you reviewed?  A. Well, see, this is the point is that, as I said, it's whole career, so I've reviewed more materials. The list I provided in the reference list is what I thought was most relevant to this report. I cannot state that it's complete, because complete you have to go back to articles I read in medical school.
9 10 11 12 13 14 15 16 17 18 19 20 21	information, the other one gives you this piece of information. I can't say one single most important, no, I cannot.  Q. As you sit here, are there any articles that you intend to discuss at trial that you haven't disclosed in your list of materials?  A. Unless you ask me specific question, then I can if it becomes point of argument.  Q. But as you sit here today A. I don't plan, no.  Q. All of the medical records and the depositions that you reviewed in the Edwards'	8 9 10 11 12 13 14 15 16 17 18 19 20 21	medical literature, medical records, depositions, documents, correct?  A. Yes. These were made available to me by the attorneys.  Q. Is that an accurate and complete list, Exhibit Number 3, of the materials you reviewed?  A. Well, see, this is the point is that, as I said, it's whole career, so I've reviewed more materials. The list I provided in the reference list is what I thought was most relevant to this report. I cannot state that it's complete, because complete you have to go back to articles I read in medical school.  Q. Are there any articles specifically
9 10 11 12 13 14 15 16 17 18 19 20 21 22	information, the other one gives you this piece of information. I can't say one single most important, no, I cannot.  Q. As you sit here, are there any articles that you intend to discuss at trial that you haven't disclosed in your list of materials?  A. Unless you ask me specific question, then I can if it becomes point of argument.  Q. But as you sit here today A. I don't plan, no.  Q. All of the medical records and the depositions that you reviewed in the Edwards' case are listed in your materials list, correct?	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	medical literature, medical records, depositions, documents, correct?  A. Yes. These were made available to me by the attorneys.  Q. Is that an accurate and complete list, Exhibit Number 3, of the materials you reviewed?  A. Well, see, this is the point is that, as I said, it's whole career, so I've reviewed more materials. The list I provided in the reference list is what I thought was most relevant to this report. I cannot state that it's complete, because complete you have to go back to articles I read in medical school.  Q. Are there any articles specifically concerning the TVT-O that you're going to rely

	Page 62		Page 64
1	us?	1	records rather than depositions?
2	A. No, I don't think so.	2	A. Clinical records were more neutral,
3	Q. Okay. Exhibit 4 is your curriculum	3	they occurred before the litigation process. I
4	vitae, correct?	4	believe they're less biased or they have chance
5	A. Yes.	5	less chance of being biased.
6	Q. I believe you testified that that's	6	Q. Exhibit Number 3, take a look at it.
7	current? Take a minute and look at it if you	7	The facts or data considered, towards the back
8	want to.	8	there are some depositions beginning at item
9	A. There might be a couple of workshops	9	number 193.
10	happening later, but nothing in terms of major	10	A. Yes, I see that.
11	publications.	11	Q. And the deposition transcripts listed
12	Q. Any workshops important to your	12	here run from 193 to 209.
13	opinions in this case?	13	A. Yes, I see that.
14	A. No.	14	Q. You didn't review all of those
15	Q. I want to go back to Exhibit 1, just	15	depositions?
16	keeping going through the list of documents, if	16	A. No.
17	that's okay, Doctor.	17	Q. Can you tell me the ones you reviewed?
18	Schedule A, item number seven, do you	18	A. I don't think I reviewed any of the
19	have any documents responsive to item number	19	depositions for this litigation.
20	seven?	20	Q. Okay. Do you know that there was an
21	A. Which one?	21	Ethicon related trial in West Virginia recently
22	Q. Number seven.	22	concerning the TVT?
23	A. Number seven, the reference list?	23	A. Yes, I'm aware of that. Just recently
24	Q. No. Number 7 to Exhibit Number 1. So	24	I was told.
25	let's just so we're looking at Exhibit	25	Q. Who told you?
	Page 63		Page 65
1	Number 1, your notice of deposition, Schedule A.	1	A. An attorney. My attorney.
2	A. I understand.	2	Q. Your personal attorney?
3	Q. And take a look at number seven. Do	3	A. No.
4	you have any documents responsive to that	4	Q. The gentlemen sitting here today?
5	request?	5	A. Yes.
6	A. I wasn't work in progress, it's	6	Q. Do you know the result of that trial?
7	privileged, when I communicate with my	7	A. No.
8	attorneys.	8	Q. Have you read any transcripts from
9	Q. So then your communications with the	9	that trial?
10	attorneys, you don't have any other documents	10	A. No.
11	responsive to number seven?	11	Q. Have you had any discussions with any
12	A. No.	12	expert strike that.
13	Q. Were there any literature, materials,	13	Have you had any discussions with any
14	documents that were provided to you by the	14	other Plaintiffs' expert in the Ethicon mesh
15	attorneys, but you didn't look at it?	15	litigation?
16	A. There were some deposition records.	16	A. No.
17	As a pathologist I only screen clinical and	17	Q. Have you had any written
18	relevant information for specific features	18	correspondence with any of the Plaintiffs'
19	relevant to my opinion, so I was selective in	19	experts in the Ethicon pelvic mesh litigation?
20	reviewing records.	20	A. Specifically for Ethicon, no.
21	Q. When you say "records," you mean the	21	Q. Have you had any written
22	medical records?	22	communications with them whatsoever?
23	A. Medical records. And I mostly rely on	23	A. If they are experts for this trial and
ر ہے			
2.4	clinical records rather than depositions	1 74	
24 25	clinical records rather than depositions.  Q. Why do you mostly rely on the clinical	24 25	I have collaborative projects, research projects, yes, we had communication regarding

	Page 66		Page 68
1	research projects.	1	MR. FABRY: Objection.
2	Q. What collaborative research projects	2	THE WITNESS: for different
3	are you working on with any other Plaintiffs'	3	litigation process, and now I don't remember who
4	experts?	4	is expert for which, and if I tell now that I am
5	MR. McCONNELL: Are you concerned	5	communicating with such person and he's not in
6	about confidentiality, Doctor?	6	this, he's not disclosed as an expert, I just
7	THE WITNESS: Yes.	7	don't remember it.
8	MR. McCONNELL: Well, are you able to	8	BY MR. SNELL:
9	list the experts even? Or is that confidential	9	Q. All right.
10	as far as you're concerned?	10	MR. FABRY: Is the collaboration that
11	THE WITNESS: I'm not sure if I can	11	you're doing, is that related to publication, or
12	give away names and the specific projects,	12	something else?
13	because projects are my work in progress, and	13	THE WITNESS: Publications.
14	names are names of other people.	14	MR. FABRY: Okay. So all of the
15	MR. McCONNELL: Okay. Well, if you're	15	information that you gave before about concerns,
16	more comfortable not doing that, I think that's	16	prepublication issues, confidentiality related
17	your answer.	17	to that, is that the concern that we're talking
18	MR. SNELL: Well, what's the basis of	18	about?
19	your confidentiality? We're going to have to	19	THE WITNESS: Yes.
20	get the judge on the line for this one, because	20	MR. FABRY: Okay.
21	this is any work he's doing with any other	21	BY MR. SNELL:
22	Plaintiffs' experts is absolutely discoverable,	22	Q. What research projects are we talking
23	it goes to bias, it goes to all different types	23	about that you are collaborating with other
24		24	
25	of things. So we'll figure out how to get the	25	experts?
25	judge on the line, because this is nonsense.	25	A. Correlation between histological
	Page 67		Page 69
1	BY MR. SNELL:	1	findings and clinical symptoms, and degradation
2	Q. What's your basis for believing that	2	process of polypropylene.
3	this is confidential, your work with other	3	Q. What are the names of those experts,
4	Plaintiff experts?	4	Plaintiffs' experts? I don't care whether
5	A. Because I will tell you names of other	5	they're involved in Ethicon litigation or
6	people, that's my belief. I don't know if those	6	another litigation.
7	people would object to me disclosing this	7	MR. FABRY: I'm just going to raise
8	information.	8	the objection. He's told us that he's concerned
9	Q. Well, these names, are these experts	9	about prepublication issues and confidentiality
10	that have been disclosed by Plaintiffs in the	10	related to that.
			related to that.
11	litigation?	11	MR. SNELL: I'm asking for their
	litigation?  A. I have to see a list of experts in	11 12	
11			MR. SNELL: I'm asking for their
11 12	A. I have to see a list of experts in	12	MR. SNELL: I'm asking for their identity. I'm not asking right now for the
11 12 13	A. I have to see a list of experts in this specific litigation, because I don't remember now who are experts for this	12 13	MR. SNELL: I'm asking for their identity. I'm not asking right now for the manuscript or whatever the publication is. Do
11 12 13 14	A. I have to see a list of experts in this specific litigation, because I don't	12 13 14	MR. SNELL: I'm asking for their identity. I'm not asking right now for the manuscript or whatever the publication is. Do you know, Counsel?
11 12 13 14 15	A. I have to see a list of experts in this specific litigation, because I don't remember now who are experts for this litigation, who are not.  MR. FABRY: Are we talking about	12 13 14 15	MR. SNELL: I'm asking for their identity. I'm not asking right now for the manuscript or whatever the publication is. Do you know, Counsel?  MR. FABRY: No.
11 12 13 14 15	A. I have to see a list of experts in this specific litigation, because I don't remember now who are experts for this litigation, who are not.	12 13 14 15 16	MR. SNELL: I'm asking for their identity. I'm not asking right now for the manuscript or whatever the publication is. Do you know, Counsel?  MR. FABRY: No.  A. If I'm given a list of experts which
11 12 13 14 15 16	A. I have to see a list of experts in this specific litigation, because I don't remember now who are experts for this litigation, who are not.  MR. FABRY: Are we talking about I'm not trying to interrupt, just get some clarification.	12 13 14 15 16 17	MR. SNELL: I'm asking for their identity. I'm not asking right now for the manuscript or whatever the publication is. Do you know, Counsel?  MR. FABRY: No.  A. If I'm given a list of experts which are testifying for this specific trial, I can
11 12 13 14 15 16 17	A. I have to see a list of experts in this specific litigation, because I don't remember now who are experts for this litigation, who are not.  MR. FABRY: Are we talking about I'm not trying to interrupt, just get some clarification.  Do you have a hypothetical concern	12 13 14 15 16 17 18	MR. SNELL: I'm asking for their identity. I'm not asking right now for the manuscript or whatever the publication is. Do you know, Counsel?  MR. FABRY: No.  A. If I'm given a list of experts which are testifying for this specific trial, I can select those which BY MR. SNELL:
11 12 13 14 15 16 17 18	A. I have to see a list of experts in this specific litigation, because I don't remember now who are experts for this litigation, who are not.  MR. FABRY: Are we talking about I'm not trying to interrupt, just get some clarification.  Do you have a hypothetical concern that maybe people you're collaborating with	12 13 14 15 16 17 18 19	MR. SNELL: I'm asking for their identity. I'm not asking right now for the manuscript or whatever the publication is. Do you know, Counsel?  MR. FABRY: No.  A. If I'm given a list of experts which are testifying for this specific trial, I can select those which
11 12 13 14 15 16 17 18 19 20	A. I have to see a list of experts in this specific litigation, because I don't remember now who are experts for this litigation, who are not.  MR. FABRY: Are we talking about I'm not trying to interrupt, just get some clarification.  Do you have a hypothetical concern that maybe people you're collaborating with might also be experts, and you don't even know	12 13 14 15 16 17 18 19 20	MR. SNELL: I'm asking for their identity. I'm not asking right now for the manuscript or whatever the publication is. Do you know, Counsel?  MR. FABRY: No.  A. If I'm given a list of experts which are testifying for this specific trial, I can select those which BY MR. SNELL:  Q. Which ones do you know are Plaintiffs' experts in the mesh litigation?
11 12 13 14 15 16 17 18 19 20 21	A. I have to see a list of experts in this specific litigation, because I don't remember now who are experts for this litigation, who are not.  MR. FABRY: Are we talking about I'm not trying to interrupt, just get some clarification.  Do you have a hypothetical concern that maybe people you're collaborating with might also be experts, and you don't even know if they're experts?	12 13 14 15 16 17 18 19 20 21	MR. SNELL: I'm asking for their identity. I'm not asking right now for the manuscript or whatever the publication is. Do you know, Counsel?  MR. FABRY: No.  A. If I'm given a list of experts which are testifying for this specific trial, I can select those which BY MR. SNELL:  Q. Which ones do you know are Plaintiffs' experts in the mesh litigation?  A. In all mesh litigation
11 12 13 14 15 16 17 18 19 20 21	A. I have to see a list of experts in this specific litigation, because I don't remember now who are experts for this litigation, who are not.  MR. FABRY: Are we talking about I'm not trying to interrupt, just get some clarification.  Do you have a hypothetical concern that maybe people you're collaborating with might also be experts, and you don't even know if they're experts?  THE WITNESS: No, the other way	12 13 14 15 16 17 18 19 20 21	MR. SNELL: I'm asking for their identity. I'm not asking right now for the manuscript or whatever the publication is. Do you know, Counsel?  MR. FABRY: No.  A. If I'm given a list of experts which are testifying for this specific trial, I can select those which BY MR. SNELL:  Q. Which ones do you know are Plaintiffs' experts in the mesh litigation?  A. In all mesh litigation Q. Yes.
11 12 13 14 15 16 17 18 19 20 21 22 23	A. I have to see a list of experts in this specific litigation, because I don't remember now who are experts for this litigation, who are not.  MR. FABRY: Are we talking about I'm not trying to interrupt, just get some clarification.  Do you have a hypothetical concern that maybe people you're collaborating with might also be experts, and you don't even know if they're experts?	12 13 14 15 16 17 18 19 20 21 22 23	MR. SNELL: I'm asking for their identity. I'm not asking right now for the manuscript or whatever the publication is. Do you know, Counsel?  MR. FABRY: No.  A. If I'm given a list of experts which are testifying for this specific trial, I can select those which BY MR. SNELL:  Q. Which ones do you know are Plaintiffs' experts in the mesh litigation?  A. In all mesh litigation

	Page 70		Page 72
1	A. That's my concern, because I'm giving	1	be disclosed by participating in this
2	you information I obtained for other litigation	2	litigation, yeah, that's okay with me. But if
3	processes, and I don't know if I can disclose	3	it's another litigation, how can I? I mean then
4	that.	4	I'm telling you that this person is involved in
5	Q. The identity of a person is not	5	some other litigation, maybe he's not okay with
6	confidential. I'm not asking you about	6	me telling you this.
7	something you communicated with the lawyers	7	BY MR. SNELL:
8	about.	8	Q. John Steege?
9		9	A. Possible. Again, just give me a list.
10	I'm asking you for the identity of	10	
	Plaintiffs' experts, who you know are	11	Q. I'm giving you a list.
11	Plaintiffs' experts, in a mesh litigation that		John Steege, a physician in North
12	you're working on these collaborative research	12	Carolina?
13	projects with?	13	A. So if he's expert, yes, we have or
14	A. In any mesh litigation, or	14	planning collaborative project.
15	specifically TVT?	15	Q. Jerry Blaivas, a urologist in New York
16	Q. Any mesh litigation. Then we can	16	City?
17	drill down and figure out who they are, which	17	A. Yes, we are planning collaborative
18	litigation they are in or whatever.	18	project, in stages, but there is nothing yet.
19	MR. McCONNELL: Let me object for a	19	Q. Bruce Rosenzweig, a physician in
20	second. I think your initial question was in	20	Chicago, Illinois?
21	the Ethicon litigation, and I think what	21	A. Never heard his name.
22	Dr. Iakovlev is saying if you have a list of the	22	Q. Michael Margolis, a physician in
23	Plaintiff experts, you could show it to him and	23	California?
24	he could this may be a moot question as it	24	A. Never heard this name.
25	relates to the Ethicon litigation. And I think	25	Q. Ann Weber?
	Page 71		
	rage /i		Page 73
1		1	A. Never heard this name.
1 2	that might be the first step in this, unless I'm	1 2	A. Never heard this name.
2	that might be the first step in this, unless I'm wrong.	2	<ul><li>A. Never heard this name.</li><li>Q. And what is your involvement with John</li></ul>
2 3	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this	2 3	A. Never heard this name.  Q. And what is your involvement with John Steege?
2 3 4	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then	2 3 4	<ul><li>A. Never heard this name.</li><li>Q. And what is your involvement with John</li><li>Steege?</li><li>A. We're planning to do a collaboration</li></ul>
2 3 4 5	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved.	2 3 4 5	<ul> <li>A. Never heard this name.</li> <li>Q. And what is your involvement with John</li> <li>Steege?</li> <li>A. We're planning to do a collaboration</li> <li>when I take my histological findings, and he</li> </ul>
2 3 4 5 6	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved. I mean I'm not sure if I can do that.	2 3 4 5 6	<ul> <li>A. Never heard this name.</li> <li>Q. And what is your involvement with John</li> <li>Steege?</li> <li>A. We're planning to do a collaboration</li> <li>when I take my histological findings, and he</li> <li>and his team takes clinical findings, and we</li> </ul>
2 3 4 5 6 7	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved. I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed	2 3 4 5 6 7	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any
2 3 4 5 6 7 8	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved. I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm	2 3 4 5 6 7 8	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the
2 3 4 5 6 7 8 9	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved. I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it,	2 3 4 5 6 7 8 9	A. Never heard this name.  Q. And what is your involvement with John Steege?  A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of
2 3 4 5 6 7 8 9	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved.  I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what	2 3 4 5 6 7 8 9	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation.
2 3 4 5 6 7 8 9 10	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved. I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.	2 3 4 5 6 7 8 9 10	A. Never heard this name.  Q. And what is your involvement with John Steege?  A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation.  Q. How long have you been working with
2 3 4 5 6 7 8 9 10 11	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved.  I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:	2 3 4 5 6 7 8 9 10 11	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation. Q. How long have you been working with Dr. Steege?
2 3 4 5 6 7 8 9 10 11 12	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved.  I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:  Q. Which of these experts give me the	2 3 4 5 6 7 8 9 10 11 12 13	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation. Q. How long have you been working with Dr. Steege? A. As I said, it's just in plans. We
2 3 4 5 6 7 8 9 10 11 12 13 14	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved.  I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:  Q. Which of these experts give me the names of the experts who you know are disclosed	2 3 4 5 6 7 8 9 10 11 12 13	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation. Q. How long have you been working with Dr. Steege? A. As I said, it's just in plans. We have not exchanged actual data yet.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved. I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:  Q. Which of these experts give me the names of the experts who you know are disclosed experts for the Plaintiffs in any mesh	2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation. Q. How long have you been working with Dr. Steege? A. As I said, it's just in plans. We have not exchanged actual data yet. Q. And the project where you and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved. I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:  Q. Which of these experts give me the names of the experts who you know are disclosed experts for the Plaintiffs in any mesh litigation that you're working with on these	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Never heard this name.  Q. And what is your involvement with John Steege?  A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation.  Q. How long have you been working with Dr. Steege?  A. As I said, it's just in plans. We have not exchanged actual data yet.  Q. And the project where you and Dr. Steege are involved in, what does that
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved.  I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:  Q. Which of these experts give me the names of the experts who you know are disclosed experts for the Plaintiffs in any mesh litigation that you're working with on these collaborative research projects.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Never heard this name.  Q. And what is your involvement with John Steege?  A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation.  Q. How long have you been working with Dr. Steege?  A. As I said, it's just in plans. We have not exchanged actual data yet.  Q. And the project where you and Dr. Steege are involved in, what does that concern?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved.  I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:  Q. Which of these experts give me the names of the experts who you know are disclosed experts for the Plaintiffs in any mesh litigation that you're working with on these collaborative research projects.  MR. FABRY: I'm going to object.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation. Q. How long have you been working with Dr. Steege? A. As I said, it's just in plans. We have not exchanged actual data yet. Q. And the project where you and Dr. Steege are involved in, what does that concern? MR. FABRY: Object to the form of the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved.  I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:  Q. Which of these experts give me the names of the experts who you know are disclosed experts for the Plaintiffs in any mesh litigation that you're working with on these collaborative research projects.  MR. FABRY: I'm going to object.  Asked and answered.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation. Q. How long have you been working with Dr. Steege? A. As I said, it's just in plans. We have not exchanged actual data yet. Q. And the project where you and Dr. Steege are involved in, what does that concern? MR. FABRY: Object to the form of the question.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved.  I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:  Q. Which of these experts give me the names of the experts who you know are disclosed experts for the Plaintiffs in any mesh litigation that you're working with on these collaborative research projects.  MR. FABRY: I'm going to object.  Asked and answered.  As he told you, if you give him a list	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation. Q. How long have you been working with Dr. Steege? A. As I said, it's just in plans. We have not exchanged actual data yet. Q. And the project where you and Dr. Steege are involved in, what does that concern? MR. FABRY: Object to the form of the question. A. Transvaginal devices, transvaginal
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved. I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:  Q. Which of these experts give me the names of the experts who you know are disclosed experts for the Plaintiffs in any mesh litigation that you're working with on these collaborative research projects.  MR. FABRY: I'm going to object.  Asked and answered.  As he told you, if you give him a list he'll look at it and tell you who he recognizes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation. Q. How long have you been working with Dr. Steege? A. As I said, it's just in plans. We have not exchanged actual data yet. Q. And the project where you and Dr. Steege are involved in, what does that concern? MR. FABRY: Object to the form of the question. A. Transvaginal devices, transvaginal meshes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved. I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:  Q. Which of these experts give me the names of the experts who you know are disclosed experts for the Plaintiffs in any mesh litigation that you're working with on these collaborative research projects.  MR. FABRY: I'm going to object.  Asked and answered.  As he told you, if you give him a list he'll look at it and tell you who he recognizes.  A. I know that you're entitled to know	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation. Q. How long have you been working with Dr. Steege? A. As I said, it's just in plans. We have not exchanged actual data yet. Q. And the project where you and Dr. Steege are involved in, what does that concern? MR. FABRY: Object to the form of the question. A. Transvaginal devices, transvaginal meshes. BY MR. SNELL:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved. I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:  Q. Which of these experts give me the names of the experts who you know are disclosed experts for the Plaintiffs in any mesh litigation that you're working with on these collaborative research projects.  MR. FABRY: I'm going to object.  Asked and answered.  As he told you, if you give him a list he'll look at it and tell you who he recognizes.  A. I know that you're entitled to know the names of experts for this specific	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation. Q. How long have you been working with Dr. Steege? A. As I said, it's just in plans. We have not exchanged actual data yet. Q. And the project where you and Dr. Steege are involved in, what does that concern? MR. FABRY: Object to the form of the question. A. Transvaginal devices, transvaginal meshes. BY MR. SNELL: Q. Have you had any written
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved. I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:  Q. Which of these experts give me the names of the experts who you know are disclosed experts for the Plaintiffs in any mesh litigation that you're working with on these collaborative research projects.  MR. FABRY: I'm going to object.  Asked and answered.  As he told you, if you give him a list he'll look at it and tell you who he recognizes.  A. I know that you're entitled to know the names of experts for this specific litigation. I can select it from this list if I	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation. Q. How long have you been working with Dr. Steege? A. As I said, it's just in plans. We have not exchanged actual data yet. Q. And the project where you and Dr. Steege are involved in, what does that concern? MR. FABRY: Object to the form of the question. A. Transvaginal devices, transvaginal meshes. BY MR. SNELL: Q. Have you had any written communications with Dr. Steege?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	that might be the first step in this, unless I'm wrong.  A. Because if I now say that, okay, this person is an expert for another litigation, then I'm disclosing information that he's involved. I mean I'm not sure if I can do that.  MR. FABRY: If we have a non-disclosed consulting expert in some litigation, and I'm not involved in it and he's not involved in it, I do think that's outside the scope of what you're entitled to get into here.  BY MR. SNELL:  Q. Which of these experts give me the names of the experts who you know are disclosed experts for the Plaintiffs in any mesh litigation that you're working with on these collaborative research projects.  MR. FABRY: I'm going to object.  Asked and answered.  As he told you, if you give him a list he'll look at it and tell you who he recognizes.  A. I know that you're entitled to know the names of experts for this specific	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Never heard this name. Q. And what is your involvement with John Steege? A. We're planning to do a collaboration when I take my histological findings, and he and his team takes clinical findings, and we check if these are correlating, if any histological findings correlates with the clinical presentation, and what's the degree of correlation. Q. How long have you been working with Dr. Steege? A. As I said, it's just in plans. We have not exchanged actual data yet. Q. And the project where you and Dr. Steege are involved in, what does that concern? MR. FABRY: Object to the form of the question. A. Transvaginal devices, transvaginal meshes. BY MR. SNELL: Q. Have you had any written

	Page 74		Page 76
1	Q. Have you produced those? Did you	1	today?
2	bring those here today?	2	A. Not from the lab. And as I said,
3	A. No. But it's my privileged	3	myself, I didn't do.
4	information, it's research information.	4	Q. Do you know who is paying Dr. Steege
5	Q. Have you done any other are there	5	for his work in this collaborative research
6	any writings that concern this project between	6	project?
7	you and Dr. Steege besides the e-mails?	7	MS. THOMPSON: Objection.
8	A. No. As I said, it's only plans, we	8	MR. FABRY: Objection to form.
9	have not exchanged data yet.	9	MR. McCONNELL: Objection.
10	Q. Have you written up a protocol?	10	A. I don't know if he needs any funding.
11	A. No. Again, it was in discussion. We	11	There's nothing to do, it's just put all data
12	haven't reached that stage yet.	12	together which is there already in the reports,
13	Q. Do you have a mission statement or	13	and do simple statistical tests.
14	anything that describes the scope of the work	14	BY MR. SNELL:
15	that you're looking at doing?	15	Q. Have statistical tests been done on
16	A. No, not yet.	16	these explanted mesh specimens that you've
17	Q. Who is funding this project between	17	looked at?
18	you and Dr. Steege?	18	A. Not yet.
19	A. There is no extra funding needed	19	Q. You personally haven't done any
20	because the histological work is done already,	20	statistical analyses on any of the explanted
21	as the diagnostic work. And I don't know what's	21	mesh specimens that you've been involved in?
22	involved at his end, but I don't require any	22	A. Yes, I did. But that was before
23	extra funding.	23	Boston Ethicon, so it was first we started
24	Q. Who paid for the histology work?	24	with hernia meshes, then we compared hernias to
25	A. The samples which came from Steelgate	25	scar without the mesh, normal, so done
	20 85		2
	Page 75		Page 77
1	and other sources of attorneys, the law firms	1	statistics with that. That was part of my
2	paid for the work. Patients which are part of	2	research.
3	St. Michael's system, they were absorbed by	3	Q. You haven't done any statistical
4	St. Michael's system. Samples which came from	4	analyses on any of the Ethicon meshes, correct?
5	other hospitals, they were paid partially by	5	A. No, not yet.
6	insurance companies, partially by referring	6	Q. You haven't done any statistical
7	physicians.	7	analyses on any of the Ethicon TVT-O meshes,
8	Q. Your histology work for the samples	8	correct?
9	that came from Steelgate, the Plaintiffs'	9	A. Not specific. I measured some
10	lawyers paid for that?	10	parameters. But specifically for correlation
11	A. Law firms.	11	with clinical symptoms, I mean the correlation
12	Q. Which law firms?	12	coefficients and so forth, no. The research
13	A. Motley Rice. Some of it was paid by	13	project is planned to correlate large set of
14	Mueller Law.	14	data.
15	Q. Did you submit invoices to those law	15	Q. How large of a data set is this
16	firms? Strike that.	16	research project plan to correlate?
17	Did you or your lab submit invoices to	17	A. Right now I have over 70 transvaginal
18	those law firms?	18	meshes explanted, different manufacturers,
	A. Yes, they did. I don't know if all	19	different designs. Some of them are more
19	•	20	described; I mean there was more data for some,
20	Boston Scientific have been invoiced. As I		
20 21	Boston Scientific have been invoiced. As I said, I have not done my billing yet. My lab	21	and there is less data for others.
20 21 22	Boston Scientific have been invoiced. As I said, I have not done my billing yet. My lab could have done some initial billing already at	21 22	and there is less data for others.  Q. How do you know what statistical
20 21 22 23	Boston Scientific have been invoiced. As I said, I have not done my billing yet. My lab could have done some initial billing already at least for Ms. Edwards because it was early,	21 22 23	and there is less data for others.  Q. How do you know what statistical analyses you're going to do on this large data
20 21 22	Boston Scientific have been invoiced. As I said, I have not done my billing yet. My lab could have done some initial billing already at	21 22	and there is less data for others.  Q. How do you know what statistical

	Page 78		Page 80
1	can do with retrospective data. You can check	1	statistical significance between brands.
2	for correlation between two parameters, or you	2	Q. In your report you list six TVT-O
3	can check if there is statistical difference	3	specimens, correct?
4	between two groups and then you can separate	4	A. Yes.
5	patients by groups, by specific feature,	5	Q. And that's a small "n," correct?
6	assuming if we talking about correlation, I	6	A. That's a small group, yes.
7	can measure thickness of degradation bark and	7	Q. And the smaller the "n," the smaller
8	correlate it with in vivo exposure time, that	8	the number of samples one is working with, when
9	example of correlation coefficient. Tests	9	you do statistical analyses you have larger
10	between two linear parameters.	10	confidence intervals?
11	If we separate them into sort of	11	A. Well, the tests will show you, if
12	positive-negative groups, then specific	12	there is such a huge difference between the
13	feature frequency of specific feature can be	13	groups, six samples will pull it off. I just
14	measured if it's statistically significant,	14	use specific tests which are accurate and
15	assuming you separate it by, you see nerves	15	sensitive. I mean there are different tests,
16	ingrown or not ingrown, so separate two samples	16	parametric, non-parametric. As I said, if it's
17	and then you measure nerve density, and then you	17	a big difference, even six samples will show it,
18	measure statistical significance between nerve	18	if you define that significance is up to
19	density between group where you see ingrown	19	95 percent.
20	nerves or you don't, because this is	20	Q. But as you just so we're clear, as
21	positive-negative separation.	21	you sit here, you haven't done that?
22	Q. So you could calculate statistical	22	A. No.
23	significance to see whether there's a true	23	Q. And you haven't determined which
24	statistical difference in nerve density and an	24	particular factors you may look at, correct?
25	area where you see nerves around the mesh versus	25	A. No, not specifically in a protocol. I
1	Page 79		Page 81
1	where you see versus an area away from the	1	can at least view which will probably be in the
2	where you see versus an area away from the mesh, is that what you're saying?	2	can at least view which will probably be in the protocols, a few features.
2 3	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue	2 3	can at least view which will probably be in the protocols, a few features.  Q. What are those?
2 3 4	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the	2 3 4	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density,
2 3 4 5	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve	2 3 4 5	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of
2 3 4 5 6	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the	2 3 4 5 6	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of
2 3 4 5 6 7	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of	2 3 4 5 6 7	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark,
2 3 4 5 6 7 8	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue	2 3 4 5 6 7 8	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve
2 3 4 5 6 7 8 9	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any	2 3 4 5 6 7 8	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short
2 3 4 5 6 7 8 9	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is	2 3 4 5 6 7 8 9	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.
2 3 4 5 6 7 8 9 10	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical	2 3 4 5 6 7 8 9 10	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know
2 3 4 5 6 7 8 9 10 11	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical significance, and see if nerve density gross up,	2 3 4 5 6 7 8 9 10 11	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know Dr. Steege?
2 3 4 5 6 7 8 9 10 11 12	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical significance, and see if nerve density gross up, down, then can make a conclusion that mesh	2 3 4 5 6 7 8 9 10 11 12 13	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know Dr. Steege?  A. Through the litigation process.
2 3 4 5 6 7 8 9 10 11 12 13 14	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical significance, and see if nerve density gross up, down, then can make a conclusion that mesh either inhibits or promotes nerve proliferation	2 3 4 5 6 7 8 9 10 11 12 13 14	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know Dr. Steege?  A. Through the litigation process.  Q. Who put you in touch with Dr. Steege?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical significance, and see if nerve density gross up, down, then can make a conclusion that mesh either inhibits or promotes nerve proliferation or nerve ingrowth.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know Dr. Steege?  A. Through the litigation process.  Q. Who put you in touch with Dr. Steege?  A. Dr. Margaret Thompson. We started
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical significance, and see if nerve density gross up, down, then can make a conclusion that mesh either inhibits or promotes nerve proliferation or nerve ingrowth.  The protocols need to be designed to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know Dr. Steege?  A. Through the litigation process.  Q. Who put you in touch with Dr. Steege?  A. Dr. Margaret Thompson. We started discussing this for other litigation sometime in
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical significance, and see if nerve density gross up, down, then can make a conclusion that mesh either inhibits or promotes nerve proliferation or nerve ingrowth.  The protocols need to be designed to answer specific questions. When I collect all	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know Dr. Steege?  A. Through the litigation process.  Q. Who put you in touch with Dr. Steege?  A. Dr. Margaret Thompson. We started discussing this for other litigation sometime in the fall 2013.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical significance, and see if nerve density gross up, down, then can make a conclusion that mesh either inhibits or promotes nerve proliferation or nerve ingrowth.  The protocols need to be designed to answer specific questions. When I collect all data, then there will be several tests	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know Dr. Steege?  A. Through the litigation process.  Q. Who put you in touch with Dr. Steege?  A. Dr. Margaret Thompson. We started discussing this for other litigation sometime in the fall 2013.  Q. Dr. Margaret Thompson works with one
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical significance, and see if nerve density gross up, down, then can make a conclusion that mesh either inhibits or promotes nerve proliferation or nerve ingrowth.  The protocols need to be designed to answer specific questions. When I collect all data, then there will be several tests performed, depending on questions.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know Dr. Steege?  A. Through the litigation process.  Q. Who put you in touch with Dr. Steege?  A. Dr. Margaret Thompson. We started discussing this for other litigation sometime in the fall 2013.  Q. Dr. Margaret Thompson works with one of the Plaintiffs' law firms, correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical significance, and see if nerve density gross up, down, then can make a conclusion that mesh either inhibits or promotes nerve proliferation or nerve ingrowth.  The protocols need to be designed to answer specific questions. When I collect all data, then there will be several tests performed, depending on questions.  Q. So as you sit here today, you haven't	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know Dr. Steege?  A. Through the litigation process.  Q. Who put you in touch with Dr. Steege?  A. Dr. Margaret Thompson. We started discussing this for other litigation sometime in the fall 2013.  Q. Dr. Margaret Thompson works with one of the Plaintiffs' law firms, correct?  A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical significance, and see if nerve density gross up, down, then can make a conclusion that mesh either inhibits or promotes nerve proliferation or nerve ingrowth.  The protocols need to be designed to answer specific questions. When I collect all data, then there will be several tests performed, depending on questions.  Q. So as you sit here today, you haven't statistically analyzed the nerve density for the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know Dr. Steege?  A. Through the litigation process.  Q. Who put you in touch with Dr. Steege?  A. Dr. Margaret Thompson. We started discussing this for other litigation sometime in the fall 2013.  Q. Dr. Margaret Thompson works with one of the Plaintiffs' law firms, correct?  A. Yes.  Q. So the Plaintiffs' law firms put you
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical significance, and see if nerve density gross up, down, then can make a conclusion that mesh either inhibits or promotes nerve proliferation or nerve ingrowth.  The protocols need to be designed to answer specific questions. When I collect all data, then there will be several tests performed, depending on questions.  Q. So as you sit here today, you haven't statistically analyzed the nerve density for the Ethicon transvaginal mesh explants?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know Dr. Steege?  A. Through the litigation process.  Q. Who put you in touch with Dr. Steege?  A. Dr. Margaret Thompson. We started discussing this for other litigation sometime in the fall 2013.  Q. Dr. Margaret Thompson works with one of the Plaintiffs' law firms, correct?  A. Yes.  Q. So the Plaintiffs' law firms put you in touch with Dr. Steege, correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical significance, and see if nerve density gross up, down, then can make a conclusion that mesh either inhibits or promotes nerve proliferation or nerve ingrowth.  The protocols need to be designed to answer specific questions. When I collect all data, then there will be several tests performed, depending on questions.  Q. So as you sit here today, you haven't statistically analyzed the nerve density for the Ethicon transvaginal mesh explants?  A. No. It's a work in progress. I need	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know Dr. Steege?  A. Through the litigation process.  Q. Who put you in touch with Dr. Steege?  A. Dr. Margaret Thompson. We started discussing this for other litigation sometime in the fall 2013.  Q. Dr. Margaret Thompson works with one of the Plaintiffs' law firms, correct?  A. Yes.  Q. So the Plaintiffs' law firms put you in touch with Dr. Steege, correct?  MR. FABRY: Objection. Form,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	where you see versus an area away from the mesh, is that what you're saying?  A. What we've done, we took scar tissue from inguinal canal without the mesh, when the hernia was repaired, and then we measured nerve density in the scar within the mesh from the same hernia well, from the same type of hernia surgery. And then we took normal tissue which was done which was taken before any repairs, and then we compared. So this is example of checking for statistical significance, and see if nerve density gross up, down, then can make a conclusion that mesh either inhibits or promotes nerve proliferation or nerve ingrowth.  The protocols need to be designed to answer specific questions. When I collect all data, then there will be several tests performed, depending on questions.  Q. So as you sit here today, you haven't statistically analyzed the nerve density for the Ethicon transvaginal mesh explants?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	can at least view which will probably be in the protocols, a few features.  Q. What are those?  A. Nerve ingrowth, nerve density, vascular growth, vascular density, amount of scar tissue, amount of inflammation, degree of deformation, thickness of degradation bark, muscle attachment, cause of perforation, nerve atrophy. That's what came to mind in a short list.  Q. Okay. How did you come to know Dr. Steege?  A. Through the litigation process.  Q. Who put you in touch with Dr. Steege?  A. Dr. Margaret Thompson. We started discussing this for other litigation sometime in the fall 2013.  Q. Dr. Margaret Thompson works with one of the Plaintiffs' law firms, correct?  A. Yes.  Q. So the Plaintiffs' law firms put you in touch with Dr. Steege, correct?

	Page 82		Page 84
1	BY MR. SNELL:	1	Dr. Steege?
2	Q. You didn't know John Steege before the	2	A. Sometime in fall 2013.
3	Plaintiffs' law firms put you in touch with him,	3	Q. You know Dr. Steege is an expert in
4	correct?	4	the Edwards case for the Plaintiffs?
5	MR. FABRY: Objection. Form.	5	A. You're telling me. Yes, now I know.
6	A. No.	6	Q. Your materials list
7	BY MR. SNELL:	7	A. Oh, yes, he is, because see, my
8	Q. Had you ever met Dr. Steege before you	8	concern was that he could have been for
9	began in collaborative research project with	9	different litigation.
10	him?	10	Yes, he is.
11	MR. FABRY: Objection. Form.	11	Q. You know Dr. Steege is an expert in
12	A. No. I haven't met him actually.	12	the Huskey case for the Plaintiffs, correct?
13	BY MR. SNELL:	13	A. Yes.
14		14	
15	Q. Did you know Dr. Steege at all before	15	Q. And you know that because you saw his
	you began this collaborative research project	16	expert report, correct?  A. Yes.
16	with him?		
17	MR. FABRY: Objection. Form.	17	Q. When did you first get in touch with
18	A. No.	18	Dr. Jerry Blaivas?
19	BY MR. SNELL:	19	A. Sometime that was actually this
20	Q. You didn't go to school with him,	20	year, early this year.
21	correct?	21	Q. How did you come to get in touch with
22	A. No.	22	Dr. Jerry Blaivas?
23	Q. Didn't do a residency with him,	23	A. During litigation process.
24	correct?	24	Q. Who put you in touch with Dr. Jerry
25	A. No.	25	Blaivas, Plaintiffs' expert?
	Page 83		Page 85
1	Q. Didn't do a fellowship with	1	A. Attorneys from Motley Rice.
2	Dr. Steege, correct?	2	Q. Which specific attorney from Motley
3	A. No.	3	Rice put you in touch with Dr. Jerry Blaivas?
4	Q. You've never done any prior research	4	A. I think it was Dr. Thompson, but I'm
5	with Dr. Steege before this collaborative	5	not sure now. I have to think if it was
6	research project, correct?	1 -	
		6	Dr. Thompson.
7	MR. FABRY: Objection. Form.	7	
7 8			Dr. Thompson.
	MR. FABRY: Objection. Form.	7	Dr. Thompson.  Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases?
8	MR. FABRY: Objection. Form. A. No.	7 8	Dr. Thompson.  Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the
8 9	MR. FABRY: Objection. Form. A. No. BY MR. SNELL:	7 8 9	Dr. Thompson.  Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases?
8 9 10	MR. FABRY: Objection. Form. A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid	7 8 9 10	Dr. Thompson.  Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases?  A. We never discussed Huskey and Edwards
8 9 10 11	MR. FABRY: Objection. Form. A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid expert for the Plaintiffs in this litigation,	7 8 9 10 11	Dr. Thompson.  Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases?  A. We never discussed Huskey and Edwards case.
8 9 10 11 12	MR. FABRY: Objection. Form. A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid expert for the Plaintiffs in this litigation, correct?	7 8 9 10 11 12	Dr. Thompson.  Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases?  A. We never discussed Huskey and Edwards case.  Q. What communications have you had with
8 9 10 11 12 13	MR. FABRY: Objection. Form. A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid expert for the Plaintiffs in this litigation, correct? A. Yes, I do.	7 8 9 10 11 12 13	Dr. Thompson. Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases? A. We never discussed Huskey and Edwards case. Q. What communications have you had with Dr. Jerry Blaivas?
8 9 10 11 12 13 14	MR. FABRY: Objection. Form.  A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid expert for the Plaintiffs in this litigation, correct? A. Yes, I do. Q. Have you personally met Dr. Steege?	7 8 9 10 11 12 13	Dr. Thompson. Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases? A. We never discussed Huskey and Edwards case. Q. What communications have you had with Dr. Jerry Blaivas? A. We had discussions regarding generally
8 9 10 11 12 13 14 15	MR. FABRY: Objection. Form. A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid expert for the Plaintiffs in this litigation, correct? A. Yes, I do. Q. Have you personally met Dr. Steege? A. No.	7 8 9 10 11 12 13 14 15	Dr. Thompson. Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases? A. We never discussed Huskey and Edwards case. Q. What communications have you had with Dr. Jerry Blaivas? A. We had discussions regarding generally transvaginal meshes, but we did not discuss this
8 9 10 11 12 13 14 15	MR. FABRY: Objection. Form.  A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid expert for the Plaintiffs in this litigation, correct? A. Yes, I do. Q. Have you personally met Dr. Steege? A. No. Q. Have you seen him via videoconference?	7 8 9 10 11 12 13 14 15 16	Dr. Thompson. Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases? A. We never discussed Huskey and Edwards case. Q. What communications have you had with Dr. Jerry Blaivas? A. We had discussions regarding generally transvaginal meshes, but we did not discuss this patient specifically.
8 9 10 11 12 13 14 15 16	MR. FABRY: Objection. Form.  A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid expert for the Plaintiffs in this litigation, correct? A. Yes, I do. Q. Have you personally met Dr. Steege? A. No. Q. Have you seen him via videoconference? A. No, we had only audio conference.	7 8 9 10 11 12 13 14 15 16	Dr. Thompson. Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases? A. We never discussed Huskey and Edwards case. Q. What communications have you had with Dr. Jerry Blaivas? A. We had discussions regarding generally transvaginal meshes, but we did not discuss this patient specifically. Q. Before the attorneys from Motley Rice
8 9 10 11 12 13 14 15 16 17	MR. FABRY: Objection. Form.  A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid expert for the Plaintiffs in this litigation, correct?  A. Yes, I do. Q. Have you personally met Dr. Steege? A. No. Q. Have you seen him via videoconference? A. No, we had only audio conference. Q. How many audio conferences have you	7 8 9 10 11 12 13 14 15 16 17	Dr. Thompson. Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases? A. We never discussed Huskey and Edwards case. Q. What communications have you had with Dr. Jerry Blaivas? A. We had discussions regarding generally transvaginal meshes, but we did not discuss this patient specifically. Q. Before the attorneys from Motley Rice put you in contact with Dr. Blaivas, did you
8 9 10 11 12 13 14 15 16 17 18	MR. FABRY: Objection. Form.  A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid expert for the Plaintiffs in this litigation, correct?  A. Yes, I do. Q. Have you personally met Dr. Steege? A. No. Q. Have you seen him via videoconference? A. No, we had only audio conference. Q. How many audio conferences have you had with Dr. Steege?	7 8 9 10 11 12 13 14 15 16 17 18	Dr. Thompson. Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases? A. We never discussed Huskey and Edwards case. Q. What communications have you had with Dr. Jerry Blaivas? A. We had discussions regarding generally transvaginal meshes, but we did not discuss this patient specifically. Q. Before the attorneys from Motley Rice put you in contact with Dr. Blaivas, did you know him?
8 9 10 11 12 13 14 15 16 17 18 19 20	MR. FABRY: Objection. Form.  A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid expert for the Plaintiffs in this litigation, correct? A. Yes, I do. Q. Have you personally met Dr. Steege? A. No. Q. Have you seen him via videoconference? A. No, we had only audio conference. Q. How many audio conferences have you had with Dr. Steege? A. Sometimes it's hard to say who is in the conference, who is participating. I think	7 8 9 10 11 12 13 14 15 16 17 18 19 20	Dr. Thompson. Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases? A. We never discussed Huskey and Edwards case. Q. What communications have you had with Dr. Jerry Blaivas? A. We had discussions regarding generally transvaginal meshes, but we did not discuss this patient specifically. Q. Before the attorneys from Motley Rice put you in contact with Dr. Blaivas, did you know him? A. No. Q. Do you have Dr. Blaivas' contact
8 9 10 11 12 13 14 15 16 17 18 19 20 21	MR. FABRY: Objection. Form.  A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid expert for the Plaintiffs in this litigation, correct? A. Yes, I do. Q. Have you personally met Dr. Steege? A. No. Q. Have you seen him via videoconference? A. No, we had only audio conference. Q. How many audio conferences have you had with Dr. Steege? A. Sometimes it's hard to say who is in the conference, who is participating. I think at least one or two times we had teleconference,	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Dr. Thompson. Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases? A. We never discussed Huskey and Edwards case. Q. What communications have you had with Dr. Jerry Blaivas? A. We had discussions regarding generally transvaginal meshes, but we did not discuss this patient specifically. Q. Before the attorneys from Motley Rice put you in contact with Dr. Blaivas, did you know him? A. No. Q. Do you have Dr. Blaivas' contact information so that when you want to talk to him
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MR. FABRY: Objection. Form.  A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid expert for the Plaintiffs in this litigation, correct? A. Yes, I do. Q. Have you personally met Dr. Steege? A. No. Q. Have you seen him via videoconference? A. No, we had only audio conference. Q. How many audio conferences have you had with Dr. Steege? A. Sometimes it's hard to say who is in the conference, who is participating. I think at least one or two times we had teleconference, but it was not specifically for TVT litigation,	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Dr. Thompson. Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases? A. We never discussed Huskey and Edwards case. Q. What communications have you had with Dr. Jerry Blaivas? A. We had discussions regarding generally transvaginal meshes, but we did not discuss this patient specifically. Q. Before the attorneys from Motley Rice put you in contact with Dr. Blaivas, did you know him? A. No. Q. Do you have Dr. Blaivas' contact information so that when you want to talk to him you can get in touch with him?
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MR. FABRY: Objection. Form.  A. No. BY MR. SNELL: Q. You understand Dr. Steege is a paid expert for the Plaintiffs in this litigation, correct? A. Yes, I do. Q. Have you personally met Dr. Steege? A. No. Q. Have you seen him via videoconference? A. No, we had only audio conference. Q. How many audio conferences have you had with Dr. Steege? A. Sometimes it's hard to say who is in the conference, who is participating. I think at least one or two times we had teleconference,	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Dr. Thompson. Q. What communications have you had with Dr. Jerry Blaivas, Plaintiffs' expert, in the Edwards and Huskey cases? A. We never discussed Huskey and Edwards case. Q. What communications have you had with Dr. Jerry Blaivas? A. We had discussions regarding generally transvaginal meshes, but we did not discuss this patient specifically. Q. Before the attorneys from Motley Rice put you in contact with Dr. Blaivas, did you know him? A. No. Q. Do you have Dr. Blaivas' contact information so that when you want to talk to him

4 first or somebody connected. But we have e-mail of first or somebody connected. But we have e-mail of conversation. I met him personally as well.  5 conversation. I met him personally as well.  6 BY MR. SNELL:  7 Q. You've e-mailed Dr. Blaivas?  8 A. Yes.  9 Q. All right. Has he e-mailed you?  10 A. Yes.  11 Q. Have you written to him other than carmalis, you know, in a letter, or sent anything in writing to him?  12 e-mails, you know, in a letter, or sent anything in writing to him?  13 in writing to him?  14 A. No.  15 Q. When did you meet Dr. Blaivas?  16 A. Sometime early this year.  17 Q. And why did you meet with Dr. Blaivas?  18 A. Again, to discuss the possible collaboration or planned collaboration, because he has specific clientele, so he extracts the samples, and he has a large experience.  20 Q. So you met with Dr. Blaivas? the transvaginal meshes?  21 A. Yes.  22 Q. So you were with Dr. Blaivas is being paid  Page 87  1 as an expert by the Plaintiffs?  2 A. Yes.  3 Q. Where did this meeting take place?  4 A. That was in Chicago?  5 Q. Where at in Chicago?  5 Q. Where at in Chicago?  6 A. In my hotel room.  7 Q. Do you know the date when you were staying at this hotel room?  8 A. No. Og. Where did this meeting take place?  9 A. No, I don't remember.  10 Q. Whe else was there in the hotel room besides you and Dr. Blaivas?  11 A. Nobody.  12 Q. Whet ad deposition?  12 Q. Whey were you in Chicago?  13 A. I have never seen him.  14 A. No.  15 Q. Where did this meeting take place?  16 A. In my hotel room.  17 Q. Do you know the date when you were staying at this hotel room?  18 A. No, I don't remember.  19 A. No, I don't remember.  10 Q. Whe else was there in the hotel room besides you and Dr. Blaivas?  11 A. No.  12 Q. Whe deposition?  12 Q. Whe were you in Chicago?  13 A. That was in Chicago.  14 A. I have heve research project, because in this collaborative research project, because in this collaborative research project, because in this collaborative research project, because the project with mater		Page 86		Page 88
4 first or somebody connected. But we have e-mail conversation. I met him personally as well. 5 conversation. I met him personally as well. 6 BY MR. SNELL: 7 Q. Yor've e-mailed Dr. Blaivas? 8 A. Yes. 9 Q. All right. Has he e-mailed you? 10 A. Yes. 11 Q. Have you written to him other than 12 e-mails, you know, in a letter, or sent anything 12 in writing to him? 12 e-mails, you know, in a letter, or sent anything 13 in writing to him? 13 in writing to him? 14 A. No. 15 Q. When did you meet Dr. Blaivas? 16 A. Sometime early this year. 17 Q. And why did you meet with Dr. Blaivas? 18 A. Again, to discuss the possible 19 collaboration or planned collaboration, because 19 elaboration or planned collaboration, because 19 elaboration or planned collaboration because 22 A. Yes. 20 Q. So you met with Dr. Blaivas to discuss 23 the transvaginal meshes? 21 as an expert by the Plaintiffs? 22 A. Yes. 23 Q. Do you know Dr. Blaivas is being paid 24 A. That was in Chicago? 25 Q. Do you know the date when you were staying at this hotel room? 26 A. No. In my hotel room. 27 Q. Do you know the date when you were staying at this hotel room? 28 staying at this hotel room? 29 A. No, I don't remember. 20 Q. Whote date when you in Chicago? 21 A. No. On the litigation, transvaginal litigation. 22 Q. Whote of this gration of the litigation, transvaginal litigation. 28 Q. Whote of the litigation, transvaginal litigation. 29 A. A. Mol. On, it was late a tright. 20 Q. Late at night. 21 A. On, it was late a tright. 22 A. A. On, it was late a tright. 23 A. On, it was late a tright. 24 A. On, it was late a tright. 25 Q. Late at night. 26 A. In one thing of the discussion of the litigation, transvaginal litigation. 29 A. A. Mol, On, it was late a tright. 20 Q. Late at night. 21 A. On, it was late a tright. 22 A. On, it was late a tright. 23 A. On, it was late a tright. 24 A. On, it was late a tright. 25 A. On, it was late a tright. 26 A. On, it was late a tright. 27 A. On, it was late a tright. 28 A. On, it was late a tright. 29 A. On, it was late	1	the Plaintiffs' lawyers?	1	out early morning, and he just landed late
4 first or somebody connected. But we have e-mail conversation. I met him personally as well. 5 BY MR. SNELE: 7 Q. You've e-mailed Dr. Blaivas? 8 A. Yes. 9 Q. All right. Has he e-mailed you? 10 A. Yes. 11 Q. Have you know, in a letter, or sent anything in writing to him? 12 e-mails, you know, in a letter, or sent anything in writing to him? 13 in writing to him? 14 A. No. 15 Q. When did you meet Dr. Blaivas? 16 A. Sometime early this year. 17 Q. And why did you meet Dr. Blaivas? 18 A. Again, to discuss the possible collaboration on be extracts the personal persona	2	MR. FABRY: Objection. Form.	2	night, so hotel was right in the airport and we
5 conversation. I met him personally as well. 6 BYMR. SNELL: 7 Q. You've -mailed Dr. Blaivas? 8 A. Yes. 9 Q. All right. Has he e-mailed you? 10 A. Yes. 11 Q. Have you written to him other than 12 e-mails, you know, in a letter, or sent anything 13 in writing to him? 14 A. No. 15 Q. When did you meet Dr. Blaivas? 16 A. Sometime early this year. 17 Q. And why did you meet with Dr. Blaivas? 18 A. Yes. 19 Q. And why did you meet with Dr. Blaivas? 19 collaboration or planned collaboration, because he has specific clientle, so he extract the samples, and he has a large experience. 20 Q. So you met with Dr. Blaivas to discuss the transvaginal meshes? 21 as an expert by the Plaintiffs? 22 A. Yes. 23 Q. Where did this meeting take place? 24 A. That was in Chicago? 25 Q. Where did this meeting take place? 26 A. In my hotel room. 27 Q. Do you know the date when you were staying at this hotel room. 28 staying at this hotel room. 29 A. No, I don't remember. 20 Q. Who eas was there in the hotel room. 21 Desides you and Dr. Blaivas? 22 A. Nobody. 23 Q. Why are you in Chicago? 24 A. That da deposition there. 25 Q. Why are plaintiffs? 26 A. I have never seearch project, besides brs. John Steege and Jerry Blaivas. 29 Q. Why are strike that. 20 Q. Who are they didn't meet Dr. Blaivas - strike that. 21 A. AMS. 22 Q. Why are poin in this formation. 23 Q. Why are poin in this file didn't now. He could have been meeting swe than the point of the same law firm don't know. 29 Q. You're not certain, or you are certain; you've never met him or talked to him the silicity of the proments of the plaintiffs? 24 A. Yes. 25 Q. Do you know br. Blaivas is being paid 26 A. I have never seen him. 27 A. Have you heard his name, though, of the proments of the proment	3	A. I now don't remember if he e-mailed me	3	agreed to meet.
6 BY MR. SNELL: 7 Q. You've e-mailed Dr. Blaivas? 8 A. Yes. 9 Q. All right. Has he e-mailed you? 9 Q. All right. Has he e-mailed you? 10 A. Yes. 11 Q. Have you written to him other than 12 e-mails, you know, in a letter, or sent anything 13 in writing to him? 14 A. No. 15 Q. When did you meet Dr. Blaivas? 16 A. Sometime early this year. 17 Q. And why did you meet with Dr. Blaivas? 18 A. Again, to discuss the possible 19 collaboration or planned collaboration, because 19 he has specific clientele, so he extracts the 20 he has specific clientele, so he extracts the 21 samples, and he has a large experience. 22 Q. So you met with Dr. Blaivas to discuss 23 the transvagianal meshes, a 24 A. Yes. 25 Q. Do you know Dr. Blaivas is being paid 26 A. Yes. 27 A. Yes. 28 A. Yes. 29 Q. Where did this meeting take place? 4 A. That was in Chicago? 5 Q. Where did this meeting take place? 4 A. That was in Chicago? 5 Q. Where did this meeting take place? 4 A. That was in Chicago? 5 Q. Where did this meeting take place? 6 A. In my hotel room. 7 Q. Do you know the date when you were 8 staying at this hotel room? 9 A. No, I don't remember. 10 Q. Who clse was there in the hotel room 11 besides you and Dr. Blaivas? 12 A. Nobody. 12 A. Nobody. 12 A. Nobody. 13 Q. Why were you in Chicago? 14 A. I had a deposition there. 15 Q. What deposition? 16 A. For the litigation, transvaginal 17 litigation. 18 Q. Which one? 19 A. AMS. 20 Q. What deposition there. 21 strike that. 22 A. Ob, it was late at night. 23 A. Oh, it was late at night. 24 A. Oh, it was late at night. 25 A. Oh, it was late at night. 26 C. Late at night? 27 A. Oh, it was late at night. 28 A. Oh, it was late at night. 29 A. Oh, it was late at night. 20 Late at night? 21 C. an give away this information.	4	first or somebody connected. But we have e-mail	4	Q. How long did that meeting take place
7 Q. What did Dr. Blaivas say to you during that hour-long meeting? 8 A. Yes. 9 Q. All right. Has he e-mailed you? 10 A. Yes. 11 Q. Have you written to him other than 12 e-mails, you know, in a letter, or sent anything 13 in writing to him? 14 A. No. 15 Q. When did you meet Dr. Blaivas? 16 A. Sometime early this year. 17 Q. And why did you meet with Dr. Blaivas? 18 A. Again, to discuss the possible 19 collaboration or planned collaboration, because 19 collaboration or planned collaboration, because 11 samples, and he has a large experience. 12 asamples, and he has a large experience. 12 Q. Os you meet with Dr. Blaivas to discuss 12 A. Yes. 13 Q. Where did this meeting take place? 14 A. That was in Chicago? 15 Q. Where at in Chicago? 16 A. In my hotel room. 17 Q. Do you know the date when you were staying at this hotel room? 18 A. No. I don't remember. 19 A. No. I don't remember. 20 Q. Who exe was there in the hotel room litigation, transvaginal file plaivas? 21 A. Pos. 22 Q. Oy Where did this meeting take place? 23 D. Where at in Chicago? 24 A. That was in Chicago? 25 Q. Whore at in Chicago? 26 A. In my hotel room. 27 Q. Do you know the date when you were staying at this hotel room? 28 Staying at this hotel room? 29 A. No, I don't remember. 20 Q. Who else was there in the hotel room litigation, transvaginal litigation. 29 A. AMS. 20 Q. Who discussed transvaginal litigation. 20 Q. Who else was there in the hotel room litigation. 21 A. Have you heard his name prior to what reach his name vith you? 29 A. No, I don't remember. 30 Q. Who else was there in the hotel room litigation. 31 Q. Why were you in Chicago? 41 A. I have for pathologists in whise? 42 A. For the litigation, transvaginal litigation. 43 Q. Which one? 44 A. Hada deposition there. 45 Q. What deposition there. 46 A. In the only pathologist in this. 47 Q. Who are they? 48 A. Mas. 49 Q. Who are they? 40 A. Mish deposition? 40 A. Mish deposition? 41 A. I had a deposition there. 41 A. I had a deposition there. 42 A. Whith one? 43 A. Oh, it was late at nig	5	conversation. I met him personally as well.	5	between Dr. Blaivas and yourself?
8 A. Yes. 9 Q. All right. Has he e-mailed you? 10 A. Yes. 11 Q. Have you written to him other than 11 e-mails, you know, in a letter, or sent anything 12 e-mails, you know, in a letter, or sent anything 13 in writing to him? 14 A. No. 15 Q. When did you meet Dr. Blaivas? 16 A. Sometime early this year. 17 Q. And why did you meet with Dr. Blaivas? 18 A. Again, to discuss the possible 19 collaboration or planned collaboration, because 10 he has specific clientele, so he extracts the 10 collaboration or planned collaboration because 11 samples, and he has a large experience. 12 Q. So you met with Dr. Blaivas to discuss 12 d. A. Yes. 12 Q. Do you know Dr. Blaivas is being paid 10 as an expert by the Plaintiffs? 11 as an expert by the Plaintiffs? 12 A. Yes. 13 Q. Where did this meeting take place? 14 A. That was in Chicago. 15 Q. Where at in Chicago? 16 A. In my hotel room. 17 Q. Do you know the date when you were 18 staying at this hotel room? 19 A. No, I don't remember. 10 Q. Who else was there in the hotel room 11 besides you and Dr. Blaivas? 12 A. Nobody. 13 Q. Why were you in Chicago? 14 A. I had a deposition there. 15 Q. What deposition? 16 A. For the litigation, transvaginal 17 G. What deposition? 18 Q. Why were you in Chicago? 19 A. A. Roe the theory of the remainder of the project with material scientists involved in this collaborative research project. 18 Q. Which one? 19 A. A. MS. 20 Q. But you didn't meet Dr. Blaivas. 21 strike that. 22 A. Oh, it was late at night. 23 A. Oh, it was late at night. 24 A. Oh, it was late at night. 25 A. Oh, it was late at night. 26 C. What deposition? 27 A. Oh, it was late at night. 28 A. Oh, it was late at night. 29 A. Oh, it was late at night. 20 Late at night? 21 C. What deposition? 22 C. Roenzweig is a Plaintiffs' cxper	6	BY MR. SNELL:	6	A. An hour, maybe just over an hour.
9 Q. All right. Has he e-mailed you? 10 A. Yes. 11 Q. Have you written to him other than 11 Q. Have you written to him other than 12 e-mails, you know, in a letter, or sent anything 13 in writing to him? 14 A. No. 15 Q. When did you meet Dr. Blaivas? 16 A. Sometime early this year. 17 Q. And why did you meet with Dr. Blaivas? 18 A. Again, to discuss the possible 19 collaboration or planned collaboration, because 19 he has specific clientele, so he extracts the 20 samples, and he has a large experience. 21 samples, and he has a large experience. 22 Q. So you met with Dr. Blaivas to discuss 23 the transvaginal meshes? 24 A. Yes. 25 Q. Do you know Dr. Blaivas is being paid 26 A. That was in Chicago. 27 A. That was in Chicago. 38 Q. Where did this meeting take place? 49 A. That was in Chicago. 40 Q. Do you know the date when you were 41 staying at this hotel room? 42 A. No. Q. Do you know the date when you were 43 staying at this hotel room? 44 A. No hooldy. 45 Q. Do you know the date when you were 46 staying at this hotel room? 47 Q. Do you know the date when you were 48 staying at this hotel room? 49 A. No, I don't remember. 40 Q. Why were you in Chicago? 41 A. Nobody. 41 A. I had a deposition there. 42 A. Nobody. 43 Q. Why were you in Chicago? 44 A. I had a deposition there. 45 Q. Why were you in Chicago? 46 A. I had deposition there. 47 A. Nobody. 48 A. That deposition there. 49 A. Noladoy. 50 Q. Why were you in Chicago? 51 Q. What deposition fransvaginal 52 Q. Why were you in Chicago? 53 Q. Why were you in Chicago? 54 A. Nobody. 55 Q. What deposition fransvaginal 56 A. For the litigation, transvaginal 57 Righting france and propiect with material scientists 58 Involved in this collaborative research project with material scientists 59 Q. Who are they? 50 Q. But you didn't meet Dr. Blaivas? 50 Q. But you didn't meet Dr. Blaivas? 51 A. Oh, it was late at night. 52 Q. Late at night? 53 Q. Late at night? 54 Q. Late at night? 55 Q. Late at night? 56 Q. Late at night? 57 Q. Who are experts. And if the are not, then	7	Q. You've e-mailed Dr. Blaivas?	7	Q. What did Dr. Blaivas say to you during
10 A. Yes. 11 Q. Have you written to him other than 12 e-mails, you know, in a letter, or sent anything 13 in writing to him? 14 A. No. 15 Q. When did you meet Dr. Blaivas? 16 A. Sometime early this year. 17 Q. And why did you meet with Dr. Blaivas? 18 A. Again, to discuss the possible 19 collaboration or planned collaboration, because 19 he has specific clientele, so he extracts the 20 be has specific clientele, so he extracts the 21 samples, and he has a large experience. 22 Q. So you met with Dr. Blaivas to discuss 23 the transvaginal meshes? 24 A. Yes. 25 Q. Do you know Dr. Blaivas is being paid 26 A. That was in Chicago. 27 A. That was in Chicago. 28 A. In my hotel room. 29 Q. Where did this meeting take place? 30 Q. Where at in Chicago? 41 A. That was in Chicago. 42 A. In my hotel room. 43 Q. Where did this meeting take place? 44 A. In my hotel room. 45 Q. Do you know the date when you were staying at this hotel room? 46 A. No. 47 Q. Who else was there in the hotel room besides you and Dr. Blaivas? 48 A. No. 49 Q. Why were you in Chicago? 40 Q. Why were you in Chicago? 41 A. Nobody. 41 A. Nobody. 42 A. That deposition there. 43 Q. Why were you in Chicago? 44 A. Ihad a deposition there. 45 Q. Why were you in Chicago? 46 A. Nobody. 47 Q. Who else was there in the hotel room besides you and Dr. Blaivas? 49 A. Nol Idon't remember. 40 Q. Who else was there in the hotel room besides you and Dr. Blaivas? 41 A. Nobody. 42 Q. Why were you in Chicago? 43 A. No. 44 A. That deposition there. 45 Q. What deposition there. 46 Q. Which one? 47 Q. Who are they? 48 A. AMS. 49 Q. Who are they? 40 A. AMS. 40 Q. Which one? 41 A. AMS. 41 C. What time did you meet Dr. Blaivas? 42 A. Oh, it was late at night. 43 Q. Late at night? 44 A. Oh, it was late at night. 45 Q. Late at night? 46 A. Oh, it was late at night. 47 Q. Late at night? 48 A. Oh, it was late at night. 49 A. Oh, it was late at night. 40 C. Late at night? 41 C. Late at night? 42 C. Late at night? 43 A. Oh, it was late at night. 44 A. Oh, it was late at night. 45 C. L	8	A. Yes.	8	
10 A. Yes. 11 Q. Have you written to him other than 12 e-mails, you know, in a letter, or sent anything 13 in writing to him? 14 A. No. 15 Q. When did you meet Dr. Blaivas? 16 A. Sometime early this year. 17 Q. And why did you meet with Dr. Blaivas? 18 A. Again, to discuss the possible 19 collaboration or planned collaboration, because 19 he has specific clientele, so he extracts the 20 samples, and he has a large experience. 21 samples, and he has a large experience. 22 Q. So you met with Dr. Blaivas to discuss 23 the transvaginal meshes? 24 A. Yes. 25 Q. Do you know Dr. Blaivas is being paid 26 A. That was in Chicago. 27 A. Yes. 28 Q. Where did this meeting take place? 29 A. In my hotel room. 20 Q. Where at in Chicago? 20 A. No. 21 Do you know the date when you were 22 Staying at this hotel room? 23 G. Where at in Chicago? 24 A. No. 25 Q. Whore did this meeting take place? 26 A. In my hotel room. 27 Q. Do you know the date when you were 28 staying at this hotel room? 29 A. No, I don't remember. 30 Q. Why were you in Chicago? 41 A. I had a deposition here. 42 A. Mobody. 43 A. No. 44 A. I had a deposition there. 45 Q. Why were you in Chicago? 46 A. I had a deposition there. 47 Q. Why were you in Chicago? 48 A. No C. 49 A. No C. 50 Q. Why were you in Chicago? 51 Q. What deposition? 52 Q. Who are they? 53 Q. Who are they? 54 A. No. 55 Q. Why were you in Chicago? 56 A. In and platique to the complex of the comp	9	Q. All right. Has he e-mailed you?	9	A. We discussed transvaginal meshes, and
11 Q. Have you written to him other than 12 e-mails, you know, in a letter, or sent anything 13 in writing to him? 14 A. No. 15 Q. When did you meet Dr. Blaivas? 16 A. Sometime early this year. 17 Q. And why did you meet with Dr. Blaivas? 18 A. Again, to discuss the possible 19 collaboration or planned collaboration, because 10 he has specific clientele, so he extracts the 21 samples, and he has a large experience. 22 Q. So you met with Dr. Blaivas to discuss 23 the transvaginal meshes? 24 A. Yes. 25 Q. Do you know Dr. Blaivas is being paid 26 A. Yes. 27 Q. Where did this meeting take place? 28 Q. Where did this meeting take place? 39 Q. Where did this meeting take place? 40 A. That was in Chicago? 41 A. That was in Chicago? 42 A. That was in Chicago? 43 Q. Where did this meeting take place? 44 A. That was in Chicago? 55 Q. Where at in Chicago? 66 A. In my hotel room. 67 Q. Do you know the date when you were 8 staying at this hotel room? 8 staying at this hotel room? 9 A. No, I don't remember. 9 A. No, I don't remember. 10 Q. Who else was there in the hotel room 11 besides you and Dr. Blaivas? 12 A. Nobody. 12 A. Nobody. 12 A. Nobody. 13 Q. Why was Dr. Blaivas? 14 A. That da deposition ftere. 15 Q. What deposition ftere. 16 A. For the litigation, transvaginal 17 Itigation. 18 Q. Which one? 19 A. A. MAS. Q. Where did fly ou meet Dr. Blaivas? 20 Q. But you didn't meet Dr. Blaivas? 21 Strike that. 22 A. What litine did you meet Dr. Blaivas? 23 A. Oh, it was late at night. 24 Q. Late at night? 25 Q. Late at night? 26 C. Have you had any other meetings we have even the him of take picture. 27 A. No. 28 Q. Who are they? 29 A. No. I don't remember. 30 Q. Who are they? 31 A. No. 32 Q. Who are they? 33 Q. Where a do this meeting take place? 34 A. No. 35 Q. What deposition ftere. 36 A. No Mody. 37 A. No. 38 Q. Who are they? 39 A. No. I don't emember. 40 Q. Who does was there in the hotel room the proof of	10		10	his findings, his experience. And I told him
12   e-mails, you know, in a letter, or sent anything in writing to him?   13   13   13   14   14   15   15   15   15   15   15	11	O. Have you written to him other than	11	
13 in writing to him? 14 A. No. 15 Q. When did you meet Dr. Blaivas? 16 A. Sometime early this year. 17 Q. And why did you meet with Dr. Blaivas? 18 A. A. Again, to discuss the possible 19 collaboration or planned collaboration, because 19 collaboration or planned collaboration, because 11 samples, and he has a large experience. 12 Q. So you met with Dr. Blaivas to discuss 12 d. A. Yes. 13 Q. Do you know Dr. Blaivas to discuss 14 A. Yes. 15 Q. Do you know Dr. Blaivas is being paid 1 as an expert by the Plaintiffs? 1 as an expert by the Plaintiffs? 1 A. Yes. 2 D. Where did this meeting take place? 2 A. That was in Chicago? 3 Q. Where did this meeting take place? 4 A. That was in Chicago? 5 Q. Where at in Chicago? 6 A. In my hotel room. 7 Q. Do you know the date when you were 18 staying at this hotel room? 9 A. No, I don't remember. 10 Q. Who else was there in the hotel room 11 besides you and Dr. Blaivas? 12 A. Nobody. 13 Q. Why were you in Chicago? 14 A. That day adoption there. 15 Q. Which one? 16 A. For the litigation, transvaginal 17 Itigation. 18 Q. Which one? 19 A. AMS. Q. Who are they? 20 A. Ob, it was late at night. 21 A. What time did you meet Dr. Blaivas? 22 A. Oh, it was late at night. 23 A. Oh, it was late at night. 24 C. Late at night? 25 C. Dor on the same law firm. don't know. He could have been meeting somebody from the same law firm. don't know. He could have been in this litigation. 24 A. A gain, this lide in this intigation, bee's in Chicago. A. No. 25 Q. Where and this name are plaintiffs' exper in this litigation. 26 Q. Who are this mane? 27 A. No. 28 Q. Who are they? 29 A. No. I don't meet Dr. Blaivas? 20 Q. What deposition? 21 A. That was in Chicago? 22 A. No. 23 A. No. 24 A. No. 25 Q. Where experts. And if the area on, then I'm disclosing their names that they're involved in this, so I'm not sure if I don't know if they are experts. And if the area, then I'm disclosing their names that they're involved in this, so I'm not sure if I	12		12	-
14 A. No. 15 Q. When did you meet Dr. Blaivas? 16 A. Sometime early this year. 17 Q. And why did you meet with Dr. Blaivas? 18 A. Again, to discuss the possible 19 collaboration or planned collaboration, because 19 collaboration or planned collaboration, because 19 A. No. 20 he has specific clientele, so he extracts the 21 samples, and he has a large experience. 22 Q. So you met with Dr. Blaivas to discuss 23 the transvaginal meshes? 24 A. Yes. 25 Q. Do you know Dr. Blaivas is being paid 26 A. Yes. 27 A. Yes. 28 Q. Where did this meeting take place? 29 A. That was in Chicago. 20 A. I have pou heard his name prior to wh 21 traised his name with you? 22 A. No. 23 Q. Where at in Chicago. 24 A. No. 25 Q. Where at in Chicago? 26 A. In my hotel room. 27 Q. Do you know the date when you were 28 staying at this hotel room? 29 A. No, I don't remember. 30 Q. Who else was there in the hotel room 31 Desides you and Dr. Blaivas? 32 Q. Why were you in Chicago? 33 Q. Why were you in Chicago? 44 A. I had a deposition there. 45 Q. What deposition? 46 A. For the litigation, transvaginal litigation. 47 Q. Whotel when you meet Dr. Blaivas? 48 A. That deposition? 49 A. No, O. Why were you in Chicago? 40 A. For the litigation, transvaginal litigation. 40 Q. Who what time did you meet Dr. Blaivas? 41 A. AMS. 42 Q. Where did you meet Dr. Blaivas? 43 Q. Who are they? 44 A. That time did you meet Dr. Blaivas? 45 Q. Who are they? 46 A. For the litigation, transvaginal litigation. 46 Q. Who are they? 47 A. No. 48 C. This collaborative project with material scientists. 49 Q. Who are they? 40 A. MS. 40 Q. Who are they? 41 A. I had a deposition there. 42 A. For the litigation, transvaginal litigation. 40 Q. Who are they? 41 A. What time did you meet Dr. Blaivas? 42 A. What time did you meet Dr. Blaivas? 43 A. Oh, it was late at night. 44 A. What litine did you meet Dr. Blaivas? 45 A. Oh, it was late at night. 46 Q. Late at night? 47 C. Late at night? 48 A. Oh, it was late at night. 49 C. Late at night? 40 C. Late at night? 40 C. Late at nigh	13		13	
15 Q. When did you meet Dr. Blaivas? 16 A. Sometime early this year. 17 Q. And why did you meet with Dr. Blaivas? 18 A. Again, to discuss the possible 19 collaboration or planned collaboration, because 19 La samples, and he has a large experience. 21 samples, and he has a large experience. 22 Q. So you met with Dr. Blaivas to discuss 23 the transvaginal meshes? 24 A. Yes. 25 Q. Do you know Dr. Blaivas is being paid 26 La as an expert by the Plaintiffs? 27 A. Yes. 28 A. Yes. 29 La A. Yes. 20 La as an expert by the Plaintiffs? 20 A. That was in Chicago. 31 C. Where did this meeting take place? 42 A. Inamy hotel room. 43 Q. Where at in Chicago? 44 A. In my hotel room. 45 Q. Do you know the date when you were staying at this hotel room? 46 A. In my hotel room. 47 Q. Do you know the date when you were staying at this hotel room? 48 Staying at this hotel room? 49 A. No, I don't remember. 40 Q. Who else was there in the hotel room besides you and Dr. Blaivas? 41 A. Ihad a deposition there. 42 A. Ihad a deposition there. 43 Q. Why were you in Chicago? 44 A. Ihad a deposition there. 45 Q. What deposition? 46 A. For the litigation, transvaginal litigation. 47 Q. Who are tyou in Chicago? 48 A. For the litigation, transvaginal litigation. 49 A. AMS. 40 Q. Who are tyou didn't meet Dr. Blaivas? 41 A. In the only pathologist in this current with project with material scientists. 41 A. In the only pathologist in this. 42 A. I had a deposition there. 43 C. Who are tyou in Chicago? 44 A. I had a deposition there. 45 C. What deposition? 46 A. For the litigation, transvaginal litigation. 47 A. The the only pathologist in this. 48 Q. Which one? 49 A. I had a deposition there. 40 Q. Who are tyou in Chicago? 41 A. In the only pathologist in this. 41 A. In the only pathologist in this. 42 A. The the only pathologist in this. 43 Q. Who are tyou in Chicago? 44 A. In the only pathologist in this. 45 Q. Who are tyou in Chicago? 46 A. For the litigation, transvaginal litigation. 47 A. The the only pathologist in this. 48 Q. Which one? 49 A	14		14	meeting somebody from the same law firm. I
16 A. Sometime early this year. 17 Q. And why did you meet with Dr. Blaivas? 18 A. Again, to discuss the possible 19 collaboration or planned collaboration, because 19 collaboration or planned collaboration, because 20 he has specific clientele, so he extracts the 21 samples, and he has a large experience. 22 Q. So you met with Dr. Blaivas to discuss 23 the transvaginal meshes? 24 A. Yes. 25 Q. Do you know Dr. Blaivas is being paid 26 A. Yes. 27 Q. Do you know Dr. Blaivas is being paid 27 Day on the Plaintiffs? 28 A. Yes. 29 A. Yes. 20 Where did this meeting take place? 30 A. That was in Chicago. 40 A. In any hotel room. 41 A. In any hotel room. 42 A. In my hotel room. 43 Q. Do you know the date when you were 44 A. In my hotel room. 45 Q. Do you know the date when you were 46 A. In my hotel room. 47 Q. Do you know the date when you were 48 staying at this hotel room? 49 A. No, I don't remember. 40 Q. Who else was there in the hotel room 41 besides you and Dr. Blaivas? 41 A. Inda deposition there. 42 A. Nobody. 43 A. Ihad a deposition there. 44 A. Ihad a deposition there. 45 Q. What deposition? 46 A. In had a deposition there. 47 A. Nobody. 48 A. These two physicians? 49 A. Ihad a deposition there. 40 Q. Who else was there in the hotel room 41 besides you and Dr. Blaivas? 41 A. In the only pathologists involved? 42 A. These two physicians? 43 A. In the only pathologist in this. 44 A. In the only pathologist in this. 45 Q. What deposition? 46 A. For the litigation, transvaginal 47 A. For the litigation, transvaginal 48 Q. Which one? 49 A. AMS. 40 Q. Who are they? 41 A. What time did you meet Dr. Blaivas? 42 A. What time did you meet Dr. Blaivas? 43 A. Oh, it was late at night. 44 A. What time did you meet Dr. Blaivas? 45 A. Oh, it was late at night. 46 Q. Late at night. 47 C. Late at night. 48 C. Late at night. 49 C. Late at night. 40 C. Late at night.	15	O. When did you meet Dr. Blaivas?	15	•
17 Q. And why did you meet with Dr. Blaivas? 18 A. Again, to discuss the possible 19 collaboration or planned collaboration, because 20 he has specific clientele, so he extracts the 21 samples, and he has a large experience. 22 Q. So you met with Dr. Blaivas to discuss 23 the transvaginal meshes? 24 A. Yes. 25 Q. Do you know Dr. Blaivas is being paid 26 A. Yes. 27 A. Yes. 28 A. Yes. 29 A. Yes. 20 Where did this meeting take place? 40 A. In any hotel room. 41 A. In my hotel room. 42 A. No. 43 Q. Where at in Chicago? 44 A. In my hotel room. 45 Q. Whore at in Chicago? 46 A. In my hotel room. 47 Q. Do you know the date when you were staying at this hotel room? 48 staying at this hotel room? 49 A. No. I don't remember. 40 Q. Who else was there in the hotel room besides you and Dr. Blaivas? 41 A. Nobody. 42 A. I had a deposition there. 43 Q. What deposition there. 44 A. I had a deposition there. 45 Q. What deposition, transvaginal litigation. 46 Q. What deposition, transvaginal 17 I this cliaborative research project with material scientists. 46 A. MS. 47 Yes, and this hotel room? 48 Q. What deposition, transvaginal 17 I this cliaborative project that you're involved in this collaborative project that you're involved in this collaborative project with material scientists. 48 Q. What deposition? 49 A. AMS. 40 Q. Whit was late at night. 41 A. AMS. 42 A. AMS. 43 Q. What at hapt time did you meet Dr. Blaivas? 44 A. We're going back to the same questifulary in most sure if I don't know if they are experts. And if they are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I don't know if in this information. 45 Q. Late at night?	16		16	Q. Dr. Rosenzweig is a Plaintiffs' expert
18 A. Again, to discuss the possible collaboration or planned collaboration, because 19 A. No. 20 he has specific clientele, so he extracts the samples, and he has a large experience. 21 certain? 22 Q. So you met with Dr. Blaivas to discuss 22 A. Repeat his name? 23 the transvaginal meshes? 23 Q. Rosenzweig. 24 A. Yes. 24 A. I have never seen him. 25 Q. Do you know Dr. Blaivas is being paid 25 Q. Have you heard his name, though, of the transvaginal meshes? 26 Q. Where did this meeting take place? 27 A. No. 28 Q. Where did this meeting take place? 39 Q. Where did this meeting take place? 39 Q. Where did this meeting take place? 30 Q. Where did this meeting take place? 30 Q. Where did this meeting take place? 31 I raised his name with you? 32 Q. Where did this meeting take place? 33 Q. Where did this meeting take place? 34 Q. Have you heard his name prior to whomas in the proof of the place			17	
collaboration or planned collaboration, because he has specific clientele, so he extracts the 20 Q. You're not certain, or you are certain?  Q. So you met with Dr. Blaivas to discuss 22 A. Repeat his name?  Q. So you met with Dr. Blaivas to discuss 22 Q. Rosenzweig.  A. Yes. 24 A. I have never seen him.  Q. Do you know Dr. Blaivas is being paid 25 Q. Have you heard his name, though, of 25 Q. Where did this meeting take place? 3 I raised his name with you?  A. That was in Chicago. 4 A. No. 2 Have you heard his name prior to wh 1 raised his name with you?  A. That was in Chicago? 5 Q. Have you haad any other meetings w 20 Q. Where at in Chicago? 5 Q. Have you had any other meetings w 3 I raised his name with you?  A. In my hotel room. 6 Dr. Blaivas? 4 A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, 4 A. I had a deposition there. 14 A. I had a deposition there. 14 A. I had a deposition there. 15 Q. What deposition, 17 litigation. 17 Litigation. 17 Litigation. 18 Q. Which one? 19 A. AMS. 19 Q. Who are they? 19 A. AMS. 19 Q. Who are they? 19 A. AMS. 19 Q. Who are they? 20 Q. But you didn't meet Dr. Blaivas? 21 I don't know if they are experts. And if they are not, then I'm disclosing their names that they're involved in this, so I'm not ure if I can give away this information.	18		18	
20 he has specific clientele, so he extracts the 21 samples, and he has a large experience. 22 Q. So you met with Dr. Blaivas to discuss 23 the transvaginal meshes? 24 A. Yes. 25 Q. Do you know Dr. Blaivas is being paid 26 Page 87  27 Page 87  28 Page 87  I than strike that.  Have you heard his name prior to wh I raised his name with you?  A. That was in Chicago.  A. In my hotel room.  Q. Where at in Chicago?  A. No. Q. Do you know the date when you were staying at this hotel room?  A. No, I don't remember.  Q. Who else was there in the hotel room besides you and Dr. Blaivas?  A. Nobody.  A. Nobody.  A. In da deposition free.  A. For the litigation, transvaginal litigation.  Q. Which one?  A. AWS. Q. But you didn't meet Dr. Blaivas? A. We're going back to the same questi they ris mame that they're involved in this, so I'm not sure if I and they're involved in this, so I'm not sure if I and they're involved in this, so I'm not sure if I and prove and prove and they in material scientists are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I and price and price and price and price are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I and price and give away this information.			19	
21 samples, and he has a large experience. 22 Q. So you met with Dr. Blaivas to discuss 23 the transvaginal meshes? 24 A. Yes. 25 Q. Do you know Dr. Blaivas is being paid 26 Q. Do you know Dr. Blaivas is being paid 27 Days as an expert by the Plaintiffs? 2 A. Yes. 2 Have you heard his name, though, of than strike that. 2 A. Yes. 3 Q. Where did this meeting take place? 4 A. That was in Chicago. 5 Q. Where at in Chicago? 6 A. In my hotel room. 6 Dr. Blaivas? 7 Q. Do you know the date when you were staying at this hotel room? 8 staying at this hotel room? 9 A. No, I don't remember. 9 A. No, I don't remember. 10 Q. Who else was there in the hotel room besides you and Dr. Blaivas? 11 besides you and Dr. Blaivas? 12 A. Nobody. 13 Q. Why were you in Chicago? 14 A. I had a deposition there. 15 Q. What deposition? 16 A. For the litigation, transvaginal litigation. 17 Ilitigation. 18 Q. Which one? 19 A. AMS. 20 Q. But you didn't meet Dr. Blaivas 21 strike that. 22 At what time did you meet Dr. Blaivas? 23 A. Oh, it was late at night. 24 Q. Late at night? 25 Q. Rosenzweig. A. Repeat his name? 26 A. Repeat his name? 27 A. Repeat his name? 28 A. Repeat his name? 29 Rosenzweig. A. A. Ihave never seen him. Q. Have you heard his name, though, of than strike that. 21 Late at night? 22 A. Na Ihave never seen him. 24 A. Ihave you heard his name, though, of than strike that. 27 A. No. 28 Have you heard his name prior to who and in smare prior to who and in sm		•	20	O. You're not certain, or you are
22 Q. So you met with Dr. Blaivas to discuss 23 the transvaginal meshes? 24 A. Yes. 25 Q. Do you know Dr. Blaivas is being paid  Page 87		-	21	•
the transvaginal meshes?  A. Yes.  Q. Do you know Dr. Blaivas is being paid  Page 87  than strike that.  Page 87  Page 87  A. Yes.  Q. Have you heard his name, though, of than strike that.  Have you heard his name prior to what are a sun expert by the Plaintiffs?  A. Yes.  Q. Where did this meeting take place?  A. That was in Chicago.  Q. Where at in Chicago?  A. In my hotel room.  Q. Do you know the date when you were staying at this hotel room?  A. No.  Dr. Blaivas?  A. No.  O. Who else was there in the hotel room besides you and Dr. Blaivas?  A. Nobody.  Q. Why were you in Chicago?  A. In the only pathologist in this.  Q. Why were you in Chicago?  A. In the only pathologist in this.  Q. What deposition?  A. I had a deposition there.  A. I had a deposition there.  D. What deposition?  A. These two physicians?  Q. What deposition?  A. I do have collaborative project with material scientists.  Q. Which one?  A. Aws.  Q. Who are they?  A. We're going back to the same questiful they're involved in this, so I'm not sure if I don't know if they are experts. And if they re involved in this, so I'm not sure if I can give away this information.			22	A. Repeat his name?
A. Yes. Q. Do you know Dr. Blaivas is being paid Page 87  Page 87  I than strike that. Have you heard his name prior to wh A. Yes. Q. Where did this meeting take place? A. That was in Chicago. Q. Where at in Chicago? A. In my hotel room. Q. Do you know the date when you were staying at this hotel room? A. No, I don't remember. Q. Who else was there in the hotel room besides you and Dr. Blaivas? A. Nobody. Q. Why were you in Chicago? A. Nobody. Q. Why were you in Chicago? A. I had a deposition there. A. For the litigation, transvaginal Q. Which one? A. AMS. Q. Who alse was late at night. A. Awhat time did you meet Dr. Blaivas? A. Oh, it was late at night. A. I had a pixel at hight. A. I had a give away this information.			23	_
Page 87  Page 88  A No.  Page 87  A No.  Page 9  A No.  Page 87  A No.  Page 98  A No.  Page 99  A In the nonly pathologists involved?  A I'm the only pathologists involved?  A I'm the only pathologists involved in this collaborative research project that you're involved in this collaborative research project that you're involved in this collaborat		_		
Page 87  as an expert by the Plaintiffs?  A. Yes.  Q. Where did this meeting take place?  A. That was in Chicago.  A. In my hotel room.  Q. Whore at in Chicago?  A. In my hotel room.  Q. Do you know the date when you were  staying at this hotel room?  A. No, I don't remember.  Q. Who else was there in the hotel room  besides you and Dr. Blaivas?  A. Nobody.  Q. Why were you in Chicago?  A. In ad a deposition there.  A. I had a deposition there.  A. For the litigation.  Q. Which one?  A. AMS.  Q. But you didn't meet Dr. Blaivas?  A. Oh, it was late at night.  A. Oh, it was late at night.  A. We're going back to the same quest if I don't know if they are experts. And if they are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I acap give away this information.				
1 as an expert by the Plaintiffs? 2 A. Yes. 3 Q. Where did this meeting take place? 4 A. That was in Chicago. 5 Q. Where at in Chicago? 6 A. In my hotel room. 7 Q. Do you know the date when you were 8 staying at this hotel room? 9 A. No, I don't remember. 9 Lesides you and Dr. Blaivas? 11 A. I'm the only pathologist in this. 12 A. Nobody. 12 Q. Why were you in Chicago? 13 Q. Why were you in Chicago? 14 A. I had a deposition there. 15 Q. What deposition? 16 A. For the litigation, transvaginal 17 litigation. 18 Q. Which one? 19 A. AMS. 20 But you didn't meet Dr. Blaivas? 21 A. We're going back to the same question there, and the fire are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I can give away this information.		Page 87		Page 89
2 A. Yes. 3 Q. Where did this meeting take place? 4 A. That was in Chicago. 5 Q. Where at in Chicago? 6 A. In my hotel room. 7 Q. Do you know the date when you were 8 staying at this hotel room? 9 A. No, I don't remember. 10 Q. Who else was there in the hotel room 11 besides you and Dr. Blaivas? 12 A. Nobody. 13 Q. Why were you in Chicago? 14 A. I had a deposition there. 15 Q. What deposition? 16 A. For the litigation, transvaginal 17 litigation. 18 Q. Which one? 19 A. AMS. 20 Q. But you didn't meet Dr. Blaivas 21 Strike that. 21 A. What time did you meet Dr. Blaivas? 22 A. Why irr involved in this, so I'm not sure if I can give away this information.	1		1	
3 Q. Where did this meeting take place? 4 A. That was in Chicago. 5 Q. Where at in Chicago? 6 A. In my hotel room. 7 Q. Do you know the date when you were 8 staying at this hotel room? 9 A. No, I don't remember. 10 Q. Who else was there in the hotel room 11 besides you and Dr. Blaivas? 12 A. Nobody. 13 Q. Why were you in Chicago? 14 A. I had a deposition there. 15 Q. What deposition? 16 A. For the litigation, transvaginal 17 litigation. 18 Q. Which one? 19 A. AMS. 20 Q. But you didn't meet Dr. Blaivas. 21 A. We're going back to the same questif they're involved in this, so I'm not sure if I can give away this information.				
4 A. That was in Chicago? 5 Q. Where at in Chicago? 6 A. In my hotel room. 7 Q. Do you know the date when you were 8 staying at this hotel room? 9 A. No, I don't remember. 9 Who else was there in the hotel room 10 there any other pathologists involved? 11 besides you and Dr. Blaivas? 12 A. Nobody. 13 Q. Why were you in Chicago? 14 A. I me the only pathologist in this. 15 Q. Why were you in Chicago? 16 A. For the litigation, transvaginal 17 litigation. 18 Q. Which one? 19 A. AMS. 19 Q. Who are they? 20 Q. But you didn't meet Dr. Blaivas - 21 strike that. 21 I don't know if they are experts. And if they are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I can give away this information.			_	
Q. Where at in Chicago? A. In my hotel room. Q. Do you know the date when you were staying at this hotel room? A. No, I don't remember. Q. Who else was there in the hotel room besides you and Dr. Blaivas? A. Nobody. Q. Why were you in Chicago? A. I had a deposition there. Q. What deposition? A. For the litigation. Q. Which one? A. AMS. Q. Which one? A. AMS. Q. Who are they? A. AMS. Q. Who are they? A. Mobody in this collaborative research project with material scientists. A. Mobody. A. I do have collaborative project with material scientists. A. We're going back to the same question there with the did you meet Dr. Blaivas? A. Oh, it was late at night. A. Can give away this information.		O where did this meeting take blace?	3	
A. In my hotel room. Q. Do you know the date when you were staying at this hotel room? A. No, I don't remember. Q. Who else was there in the hotel room besides you and Dr. Blaivas?  A. Nobody.  A. Nobody.  Q. Why were you in Chicago?  A. I had a deposition there.  Q. What deposition?  A. For the litigation.  A. For the litigation.  Q. Which one?  A. AMS.  Q. Who alse was there in the hotel room  In there any other pathologists involved?  A. I'm the only pathologist in this.  Q. Are there any material scientists involved in this collaborative research project.  A. These two physicians?  Q. Yes, in the project that you're involved in.  A. I do have collaborative project with material scientists.  Q. Who are they?  A. AMS.  Q. Who are they?  A. We're going back to the same questing strike that.  A. We're going back to the same questing they are experts. And if they are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I can give away this information.	4			I raised his name with you?
Q. Do you know the date when you were staying at this hotel room? A. No, I don't remember.  Q. Who else was there in the hotel room besides you and Dr. Blaivas?  A. Nobody.  Q. Why were you in Chicago?  A. I had a deposition there.  Q. What deposition?  A. For the litigation.  Q. Which one?  A. AMS.  Q. Who are they?  Q. Who are they?  A. I do have collaborative project with material scientists.  A. We're going back to the same question they are experts. And if they are not, then I'm disclosing their names that they in formation.  A. Oh, it was late at night.  A. No.  A. No.  A. No.  Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, there any other pathologists involved?  A. I'm the only pathologist in this.  A. These two physicians?  Q. Yes, in the project that you're  involved in.  A. I do have collaborative project with  material scientists.  Q. Who are they?  A. We're going back to the same questi  I don't know if they are experts. And if they are not, then I'm disclosing their names that  A. Oh, it was late at night.  Q. Late at night?  A. In the only pathologist in this.		A. That was in Chicago.	4	I raised his name with you?  A. No.
staying at this hotel room?  A. No, I don't remember.  Q. Who else was there in the hotel room  10 there any other pathologists involved?  11 besides you and Dr. Blaivas?  12 A. Nobody.  13 Q. Why were you in Chicago?  14 A. I had a deposition there.  15 Q. What deposition?  16 A. For the litigation, transvaginal  17 litigation.  18 Q. Which one?  19 A. AMS.  Q. Who are they?  Q. Who are they?  Q. Who are they?  A. We're going back to the same questing the same questing the same questing the same questing are not, then I'm disclosing their names that a can give away this information.	5	<ul><li>A. That was in Chicago.</li><li>Q. Where at in Chicago?</li></ul>	4 5	I raised his name with you?  A. No.  Q. Have you had any other meetings with
A. No, I don't remember.  Q. Who else was there in the hotel room there any other pathologists involved?  A. Nobody.  A. Nobody.  A. I'm the only pathologist in this.  Q. Why were you in Chicago?  A. I had a deposition there.  Q. What deposition?  A. For the litigation, transvaginal  Iltigation.  Q. Which one?  A. AMS.  Q. Which one?  A. AMS.  Q. But you didn't meet Dr. Blaivas  strike that.  A. No, I don't remember.  9 besides Drs. John Steege and Jerry Blaivas, there any other pathologists involved?  10 there any other pathologists involved?  A. I'm the only pathologist in this.  A. I'm the	5 6	<ul><li>A. That was in Chicago.</li><li>Q. Where at in Chicago?</li><li>A. In my hotel room.</li></ul>	4 5 6	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas?
10 Q. Who else was there in the hotel room 11 besides you and Dr. Blaivas? 12 A. Nobody. 13 Q. Why were you in Chicago? 14 A. I had a deposition there. 15 Q. What deposition? 16 A. For the litigation, transvaginal 17 litigation. 18 Q. Which one? 19 A. AMS. 19 Q. Who are they? 20 Q. But you didn't meet Dr. Blaivas 21 strike that. 21 A. Whe else was there in the hotel room 20 Late at night? 21 there any other pathologists involved? 21 A. I'm the only pathologist in this. 22 A. I'm the only pathologist in this. 24 A. I'm the only pathologists involved? 26 A. I'm the only pathologists involved? 27 A. I'm the only pathologists involved? 28 A. These two physicians? 29 A. These two physicians? 20 Yes, in the project that you're involved in. 20 A. I do have collaborative project with material scientists. 21 A. We're going back to the same questing the project with the project with the project with material scientists. 29 A. We're going back to the same questing the project with the project with material scientists. 20 A. We're going back to the same questing the project with the project with material scientists. 21 I don't know if they are experts. And if they are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I can give away this information.	5 6 7	<ul><li>A. That was in Chicago.</li><li>Q. Where at in Chicago?</li><li>A. In my hotel room.</li><li>Q. Do you know the date when you were</li></ul>	4 5 6 7	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No.
besides you and Dr. Blaivas?  A. Nobody.  Q. Are there any material scientists involved in this collaborative research project A. I had a deposition there.  Q. What deposition?  A. For the litigation, transvaginal  litigation.  Q. Which one?  A. AMS.  Q. Who are they?  Q. Who are they?  A. We're going back to the same questing their names that they're involved in this.  A. I'm the only pathologist in this.  Q. Are there any material scientists involved in this collaborative research project  A. These two physicians?  Q. Yes, in the project that you're involved in.  A. I do have collaborative project with material scientists.  Q. Who are they?  A. We're going back to the same questing the strike that.  A. We're going back to the same questing the strike that.  A. We're going back to the same questing the strike that.  A. We're going back to the same questing the strike that.  A. We're going back to the same questing the strike that.  A. We're going back to the same questing the strike that.  A. We're going back to the same questing the strike that.  A. We're going back to the same questing the strike that.  A. We're going back to the same questing the strike that.  A. We're going back to the same questing the strike that.  A. We're going back to the same questing the strike that.  A. Oh, it was late at night.  A. Oh, it was late at night.  A. Oh, it was late at night.  A. Oh, it was late at night?	5 6 7 8	<ul><li>A. That was in Chicago.</li><li>Q. Where at in Chicago?</li><li>A. In my hotel room.</li><li>Q. Do you know the date when you were staying at this hotel room?</li></ul>	4 5 6 7 8	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project,
A. Nobody.  Q. Why were you in Chicago?  A. I had a deposition there.  Q. What deposition?  A. For the litigation, transvaginal  litigation.  Q. Which one?  A. AMS.  Q. But you didn't meet Dr. Blaivas  strike that.  A. Nobody.  Q. Are there any material scientists involved in this collaborative research project A. These two physicians?  Q. Yes, in the project that you're involved in.  A. I do have collaborative project with material scientists.  Q. Who are they?  A. We're going back to the same questing the strike that.  At what time did you meet Dr. Blaivas?  A. Oh, it was late at night.  Q. Late at night?  A. Re there any material scientists involved in this collaborative research project with A. These two physicians?  A. These two physicians?  A. These two physicians?  A. I do have collaborative project with material scientists.  A. I do have collaborative project with material scientists.  Q. Who are they?  A. We're going back to the same questing are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I can give away this information.	5 6 7 8 9	<ul> <li>A. That was in Chicago.</li> <li>Q. Where at in Chicago?</li> <li>A. In my hotel room.</li> <li>Q. Do you know the date when you were staying at this hotel room?</li> <li>A. No, I don't remember.</li> </ul>	4 5 6 7 8 9	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are
13 Q. Why were you in Chicago? 14 A. I had a deposition there. 15 Q. What deposition? 16 A. For the litigation, transvaginal 17 litigation. 18 Q. Which one? 19 A. AMS. 19 Q. Who are they? 20 Q. But you didn't meet Dr. Blaivas 21 strike that. 22 At what time did you meet Dr. Blaivas? 23 A. Oh, it was late at night. 24 Q. Why were you in Chicago? 15 involved in this collaborative research project with and the collaborative project with and the collaborative project with material scientists. 19 A. I do have collaborative project with material scientists. 19 A. We're going back to the same questing the control of the control of the collaborative research project with and involved in this collaborative research project with and the project with more project with material scientists. 20 A. I do have collaborative project with material scientists. 21 G. Who are they? 22 A. We're going back to the same questing the control of t	5 6 7 8 9 10	<ul> <li>A. That was in Chicago.</li> <li>Q. Where at in Chicago?</li> <li>A. In my hotel room.</li> <li>Q. Do you know the date when you were staying at this hotel room?</li> <li>A. No, I don't remember.</li> <li>Q. Who else was there in the hotel room</li> </ul>	4 5 6 7 8 9	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved?
A. I had a deposition there.  Q. What deposition?  A. For the litigation, transvaginal  litigation.  Q. Which one?  A. AMS.  Q. Which one?  A. AMS.  Q. Which one?  A. AMS.  Q. Who are they?  Q. We're going back to the same question are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I can give away this information.	5 6 7 8 9 10	<ul> <li>A. That was in Chicago.</li> <li>Q. Where at in Chicago?</li> <li>A. In my hotel room.</li> <li>Q. Do you know the date when you were staying at this hotel room?</li> <li>A. No, I don't remember.</li> <li>Q. Who else was there in the hotel room besides you and Dr. Blaivas?</li> </ul>	4 5 6 7 8 9 10	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this.
Q. What deposition?  A. For the litigation, transvaginal  litigation.  Q. Which one?  A. AMS.  Q. Which one?  A. AMS.  Q. Who are they?  Q. But you didn't meet Dr. Blaivas  strike that.  At what time did you meet Dr. Blaivas?  A. Oh, it was late at night.  Q. What deposition?  Q. Yes, in the project that you're involved in.  A. I do have collaborative project with material scientists.  Q. Who are they?  A. We're going back to the same questing their names that are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I can give away this information.	5 6 7 8 9 10 11	<ul> <li>A. That was in Chicago.</li> <li>Q. Where at in Chicago?</li> <li>A. In my hotel room.</li> <li>Q. Do you know the date when you were staying at this hotel room?</li> <li>A. No, I don't remember.</li> <li>Q. Who else was there in the hotel room besides you and Dr. Blaivas?</li> <li>A. Nobody.</li> </ul>	4 5 6 7 8 9 10 11 12	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this. Q. Are there any material scientists
A. For the litigation, transvaginal litigation.  Q. Which one?  A. AMS.  Q. But you didn't meet Dr. Blaivas strike that.  At what time did you meet Dr. Blaivas?  A. Oh, it was late at night.  Q. Late at night?  A. I do have collaborative project with material scientists.  Q. Who are they?  A. We're going back to the same questing the project with material scientists.  Q. Who are they?  A. We're going back to the same questing the project with material scientists.  Q. Who are they?  A. We're going back to the same questing the project with material scientists.  A. We're going back to the same questing the project with material scientists.  A. We're going back to the same questing the project with material scientists.  A. We're going back to the same questing the project with material scientists.  A. We're going back to the same questing the project with material scientists.  A. We're going back to the same questing the project with material scientists.  A. We're going back to the same questing the project with material scientists.  A. We're going back to the same questing the project with material scientists.  A. We're going back to the same questing the project with material scientists.  A. We're going back to the same questing the project with material scientists.  A. We're going back to the same questing the project with material scientists.  A. We're going back to the same questing the project with material scientists.  A. Unit the project with material scientists.  A. We're going back to the same questing the project with material scientists.  A. Oh, it was late at night.  A. Oh, it was late at night.  A. Oh, it was late at night.  A. Con give away this information.	5 6 7 8 9 10 11 12	<ul> <li>A. That was in Chicago.</li> <li>Q. Where at in Chicago?</li> <li>A. In my hotel room.</li> <li>Q. Do you know the date when you were staying at this hotel room?</li> <li>A. No, I don't remember.</li> <li>Q. Who else was there in the hotel room besides you and Dr. Blaivas?</li> <li>A. Nobody.</li> <li>Q. Why were you in Chicago?</li> </ul>	4 5 6 7 8 9 10 11 12 13	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this. Q. Are there any material scientists involved in this collaborative research project?
17 litigation.  18 Q. Which one?  18 material scientists.  19 A. AMS.  19 Q. Who are they?  20 Q. But you didn't meet Dr. Blaivas 21 strike that.  21 I don't know if they are experts. And if they 22 At what time did you meet Dr. Blaivas? 23 A. Oh, it was late at night.  24 Q. Late at night?  27 A. I do have collaborative project with material scientists.  20 Q. Who are they?  A. We're going back to the same questing are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I can give away this information.	5 6 7 8 9 10 11 12 13	<ul> <li>A. That was in Chicago.</li> <li>Q. Where at in Chicago?</li> <li>A. In my hotel room.</li> <li>Q. Do you know the date when you were staying at this hotel room?</li> <li>A. No, I don't remember.</li> <li>Q. Who else was there in the hotel room besides you and Dr. Blaivas?</li> <li>A. Nobody.</li> <li>Q. Why were you in Chicago?</li> <li>A. I had a deposition there.</li> </ul>	4 5 6 7 8 9 10 11 12 13	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this. Q. Are there any material scientists involved in this collaborative research project? A. These two physicians?
Q. Which one?  18 material scientists.  Q. Who are they?  Q. But you didn't meet Dr. Blaivas  20 Q. But you didn't meet Dr. Blaivas  21 strike that.  21 I don't know if they are experts. And if they  22 are not, then I'm disclosing their names that  23 A. Oh, it was late at night.  24 Q. Late at night?  25 material scientists.  Q. Who are they?  A. We're going back to the same questi  26 are not, then I'm disclosing their names that  27 they're involved in this, so I'm not sure if I  28 can give away this information.	5 6 7 8 9 10 11 12 13 14	<ul> <li>A. That was in Chicago.</li> <li>Q. Where at in Chicago?</li> <li>A. In my hotel room.</li> <li>Q. Do you know the date when you were staying at this hotel room?</li> <li>A. No, I don't remember.</li> <li>Q. Who else was there in the hotel room besides you and Dr. Blaivas?</li> <li>A. Nobody.</li> <li>Q. Why were you in Chicago?</li> <li>A. I had a deposition there.</li> <li>Q. What deposition?</li> </ul>	4 5 6 7 8 9 10 11 12 13 14 15	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this. Q. Are there any material scientists involved in this collaborative research project? A. These two physicians? Q. Yes, in the project that you're
A. AMS.  Q. But you didn't meet Dr. Blaivas  strike that.  At what time did you meet Dr. Blaivas?  A. Oh, it was late at night.  Q. Who are they?  A. We're going back to the same questing they are experts. And if they are experts. And if they are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I can give away this information.	5 6 7 8 9 10 11 12 13 14 15	<ul> <li>A. That was in Chicago.</li> <li>Q. Where at in Chicago?</li> <li>A. In my hotel room.</li> <li>Q. Do you know the date when you were staying at this hotel room?</li> <li>A. No, I don't remember.</li> <li>Q. Who else was there in the hotel room besides you and Dr. Blaivas?</li> <li>A. Nobody.</li> <li>Q. Why were you in Chicago?</li> <li>A. I had a deposition there.</li> <li>Q. What deposition?</li> <li>A. For the litigation, transvaginal</li> </ul>	4 5 6 7 8 9 10 11 12 13 14 15 16	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this. Q. Are there any material scientists involved in this collaborative research project? A. These two physicians? Q. Yes, in the project that you're involved in.
Q. But you didn't meet Dr. Blaivas 21 strike that. 22 At what time did you meet Dr. Blaivas? 23 A. Oh, it was late at night. 24 Q. Late at night? 20 A. We're going back to the same questing are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I can give away this information.	5 6 7 8 9 10 11 12 13 14 15 16 17	<ul> <li>A. That was in Chicago.</li> <li>Q. Where at in Chicago?</li> <li>A. In my hotel room.</li> <li>Q. Do you know the date when you were staying at this hotel room?</li> <li>A. No, I don't remember.</li> <li>Q. Who else was there in the hotel room besides you and Dr. Blaivas?</li> <li>A. Nobody.</li> <li>Q. Why were you in Chicago?</li> <li>A. I had a deposition there.</li> <li>Q. What deposition?</li> <li>A. For the litigation, transvaginal litigation.</li> </ul>	4 5 6 7 8 9 10 11 12 13 14 15 16 17	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this. Q. Are there any material scientists involved in this collaborative research project? A. These two physicians? Q. Yes, in the project that you're involved in. A. I do have collaborative project with
strike that.  21 I don't know if they are experts. And if they are experts. And if they are not, then I'm disclosing their names that they are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I can give away this information.	5 6 7 8 9 10 11 12 13 14 15 16 17	<ul> <li>A. That was in Chicago.</li> <li>Q. Where at in Chicago?</li> <li>A. In my hotel room.</li> <li>Q. Do you know the date when you were staying at this hotel room?</li> <li>A. No, I don't remember.</li> <li>Q. Who else was there in the hotel room besides you and Dr. Blaivas?</li> <li>A. Nobody.</li> <li>Q. Why were you in Chicago?</li> <li>A. I had a deposition there.</li> <li>Q. What deposition?</li> <li>A. For the litigation, transvaginal litigation.</li> <li>Q. Which one?</li> </ul>	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this. Q. Are there any material scientists involved in this collaborative research project? A. These two physicians? Q. Yes, in the project that you're involved in. A. I do have collaborative project with material scientists.
At what time did you meet Dr. Blaivas?  A. Oh, it was late at night.  22 are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I can give away this information.	5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. That was in Chicago. Q. Where at in Chicago? A. In my hotel room. Q. Do you know the date when you were staying at this hotel room? A. No, I don't remember. Q. Who else was there in the hotel room besides you and Dr. Blaivas? A. Nobody. Q. Why were you in Chicago? A. I had a deposition there. Q. What deposition? A. For the litigation, transvaginal litigation. Q. Which one? A. AMS.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this. Q. Are there any material scientists involved in this collaborative research project? A. These two physicians? Q. Yes, in the project that you're involved in. A. I do have collaborative project with material scientists. Q. Who are they?
A. Oh, it was late at night.  23 they're involved in this, so I'm not sure if I  24 Q. Late at night?  23 they're involved in this, so I'm not sure if I  24 can give away this information.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. That was in Chicago. Q. Where at in Chicago? A. In my hotel room. Q. Do you know the date when you were staying at this hotel room? A. No, I don't remember. Q. Who else was there in the hotel room besides you and Dr. Blaivas? A. Nobody. Q. Why were you in Chicago? A. I had a deposition there. Q. What deposition? A. For the litigation, transvaginal litigation. Q. Which one? A. AMS. Q. But you didn't meet Dr. Blaivas	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this. Q. Are there any material scientists involved in this collaborative research project? A. These two physicians? Q. Yes, in the project that you're involved in. A. I do have collaborative project with material scientists. Q. Who are they? A. We're going back to the same question.
Q. Late at night? 24 can give away this information.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. That was in Chicago. Q. Where at in Chicago? A. In my hotel room. Q. Do you know the date when you were staying at this hotel room? A. No, I don't remember. Q. Who else was there in the hotel room besides you and Dr. Blaivas? A. Nobody. Q. Why were you in Chicago? A. I had a deposition there. Q. What deposition? A. For the litigation, transvaginal litigation. Q. Which one? A. AMS. Q. But you didn't meet Dr. Blaivas strike that.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this. Q. Are there any material scientists involved in this collaborative research project? A. These two physicians? Q. Yes, in the project that you're involved in. A. I do have collaborative project with material scientists. Q. Who are they? A. We're going back to the same question. I don't know if they are experts. And if they
	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. That was in Chicago. Q. Where at in Chicago? A. In my hotel room. Q. Do you know the date when you were staying at this hotel room? A. No, I don't remember. Q. Who else was there in the hotel room besides you and Dr. Blaivas? A. Nobody. Q. Why were you in Chicago? A. I had a deposition there. Q. What deposition? A. For the litigation, transvaginal litigation. Q. Which one? A. AMS. Q. But you didn't meet Dr. Blaivas strike that. At what time did you meet Dr. Blaivas?	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this. Q. Are there any material scientists involved in this collaborative research project? A. These two physicians? Q. Yes, in the project that you're involved in. A. I do have collaborative project with material scientists. Q. Who are they? A. We're going back to the same question. I don't know if they are experts. And if they are not, then I'm disclosing their names that
	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. That was in Chicago. Q. Where at in Chicago? A. In my hotel room. Q. Do you know the date when you were staying at this hotel room? A. No, I don't remember. Q. Who else was there in the hotel room besides you and Dr. Blaivas? A. Nobody. Q. Why were you in Chicago? A. I had a deposition there. Q. What deposition? A. For the litigation, transvaginal litigation. Q. Which one? A. AMS. Q. But you didn't meet Dr. Blaivas strike that. At what time did you meet Dr. Blaivas? A. Oh, it was late at night.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this. Q. Are there any material scientists involved in this collaborative research project? A. These two physicians? Q. Yes, in the project that you're involved in. A. I do have collaborative project with material scientists. Q. Who are they? A. We're going back to the same question. I don't know if they are experts. And if they are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I
2. 165. We were crossing. I was flying 2.5 Q. Dr. Kiennan:	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. That was in Chicago. Q. Where at in Chicago? A. In my hotel room. Q. Do you know the date when you were staying at this hotel room? A. No, I don't remember. Q. Who else was there in the hotel room besides you and Dr. Blaivas? A. Nobody. Q. Why were you in Chicago? A. I had a deposition there. Q. What deposition? A. For the litigation, transvaginal litigation. Q. Which one? A. AMS. Q. But you didn't meet Dr. Blaivas strike that. At what time did you meet Dr. Blaivas? A. Oh, it was late at night.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	I raised his name with you?  A. No. Q. Have you had any other meetings with Dr. Blaivas? A. No. Q. This collaborative research project, besides Drs. John Steege and Jerry Blaivas, are there any other pathologists involved? A. I'm the only pathologist in this. Q. Are there any material scientists involved in this collaborative research project? A. These two physicians? Q. Yes, in the project that you're involved in. A. I do have collaborative project with material scientists. Q. Who are they? A. We're going back to the same question. I don't know if they are experts. And if they are not, then I'm disclosing their names that they're involved in this, so I'm not sure if I

23 (Pages 86 to 89)

	Page 90		Page 92
1	A. No.	1	MR. FABRY: Well, actually let's be
2	Q. Anybody from Germany?	2	real precise. It's a planned possible project.
3	Dr. Klosterhalfen?	3	And in terms of what's relevant to this
4	A. No.	4	particular case or cases, going through a list
5	Q. Tomas Mühl, Tomas Mühl?	5	of the experts in this case and whether those
6	A. No.	6	folks are involved in the potential project,
7	O. Dr. Jordi?	7	that seems to be a fair and reasonable scope.
8	A. No.	8	MR. SNELL: Well, I'll keep going.
9	Q. Dr. Dunn?	9	But we're going to get all the names eventually.
10	A. Yes. His name is you mean from	10	So I mean we can spend all day going through the
11	Vanderbilt?	11	names.
12	O. Yes.	12	BY MR. SNELL:
13	A. Yes, yes, his name is he's doing	13	Q. So Dunn from Vanderbilt, how did you
14	one of the testing.	14	come to meet Dr. Dunn?
15	Q. What test is Dr. Dunn doing?	15	A. Because he's doing an XPS analysis,
16	A. It's spectral analysis of surface	16	and when the question became if we converge the
17	polypropylene filaments.	17	XPS analysis, we and the doctors did.
18	Q. Who else from Vanderbilt is involved	18	Q. Who put you in touch with Dr. Dunn?
19	in this project besides Dr. Dunn?	19	A. That's the name, I guess, we are stuck
20	A. Coming back to the same situation. If	20	with, because it's another researcher who is
21	you list the names and you tell me that you're	21	
22	entitled to hear the name, I will say yes.	21 22	doing collaboration with him.
23	Q. My position is I'm entitled to know	23	Q. The Plaintiffs' lawyers were the ones
24	all these folks who are Plaintiffs' experts in	24	who ultimately put you in touch with Dr. Dunn,
25			correct?
25	the mesh litigation.	25	A. No. I contacted him through another
	Page 91		Page 93
1	A. If it's if he's involved in this	1	researcher.
2	litigation, yes, I can tell. But I need to see	2	Q. How did you contact Dr. Dunn?
3	the list. The same thing, if you list the names	3	A. Through another researcher.
4	I'll tell you.	4	I have to clarify that the project
5	0.37 1 1 1 1 1 1		Thave to clarify that the project
	Q. You know in your head who these	5	with Dr. Blaivas is not actually paid or will
6	Q. You know in your head who these Plaintiffs' experts are, correct?	5 6	
6 7			with Dr. Blaivas is not actually paid or will
	Plaintiffs' experts are, correct?	6	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan
7	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've	6 7	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd
7 8	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're	6 7 8	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process.
7 8 9	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.	6 7 8 9	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process. And we specifically discussed that this will not
7 8 9 10	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time	6 7 8 9 10	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process. And we specifically discussed that this will not be covered by either industry or lawyers. And I
7 8 9 10 11	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time  MR. McCONNELL: No, we're not.	6 7 8 9 10 11	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process. And we specifically discussed that this will not be covered by either industry or lawyers. And I have some funds for this.
7 8 9 10 11 12	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time  MR. McCONNELL: No, we're not.  MR. SNELL: me having to go through	6 7 8 9 10 11 12	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process. And we specifically discussed that this will not be covered by either industry or lawyers. And I have some funds for this.  So we cannot apply blanket statement
7 8 9 10 11 12 13	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time  MR. McCONNELL: No, we're not.  MR. SNELL: me having to go through and extract this stuff like I'm at a dentist	6 7 8 9 10 11 12 13	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process. And we specifically discussed that this will not be covered by either industry or lawyers. And I have some funds for this.  So we cannot apply blanket statement that these projects are paid by law firms.
7 8 9 10 11 12 13	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time  MR. McCONNELL: No, we're not.  MR. SNELL: me having to go through and extract this stuff like I'm at a dentist office.	6 7 8 9 10 11 12 13 14	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process. And we specifically discussed that this will not be covered by either industry or lawyers. And I have some funds for this.  So we cannot apply blanket statement that these projects are paid by law firms.  Q. Do you know how much Dr. Blaivas has
7 8 9 10 11 12 13 14	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time  MR. McCONNELL: No, we're not.  MR. SNELL: me having to go through and extract this stuff like I'm at a dentist office.  MR. McCONNELL: We're being very	6 7 8 9 10 11 12 13 14	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process. And we specifically discussed that this will not be covered by either industry or lawyers. And I have some funds for this.  So we cannot apply blanket statement that these projects are paid by law firms.  Q. Do you know how much Dr. Blaivas has been paid by Plaintiffs' law firms for the mesh litigation?
7 8 9 10 11 12 13 14 15 16	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time  MR. McCONNELL: No, we're not.  MR. SNELL: me having to go through and extract this stuff like I'm at a dentist office.  MR. McCONNELL: We're being very precise, and he's protecting privileges of potential confidential situations with other	6 7 8 9 10 11 12 13 14 15	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process.  And we specifically discussed that this will not be covered by either industry or lawyers. And I have some funds for this.  So we cannot apply blanket statement that these projects are paid by law firms.  Q. Do you know how much Dr. Blaivas has been paid by Plaintiffs' law firms for the mesh litigation?  A. No. But this exact project was
7 8 9 10 11 12 13 14 15 16	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time  MR. McCONNELL: No, we're not.  MR. SNELL: me having to go through and extract this stuff like I'm at a dentist office.  MR. McCONNELL: We're being very precise, and he's protecting privileges of	6 7 8 9 10 11 12 13 14 15 16	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process. And we specifically discussed that this will not be covered by either industry or lawyers. And I have some funds for this.  So we cannot apply blanket statement that these projects are paid by law firms.  Q. Do you know how much Dr. Blaivas has been paid by Plaintiffs' law firms for the mesh litigation?  A. No. But this exact project was designed, or is in discussion to be designed to
7 8 9 10 11 12 13 14 15 16 17	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time  MR. McCONNELL: No, we're not.  MR. SNELL: me having to go through and extract this stuff like I'm at a dentist office.  MR. McCONNELL: We're being very precise, and he's protecting privileges of potential confidential situations with other subjects. If you have a name, you can ask him, he'll answer yes or no. That's how it's been	6 7 8 9 10 11 12 13 14 15 16 17	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process. And we specifically discussed that this will not be covered by either industry or lawyers. And I have some funds for this.  So we cannot apply blanket statement that these projects are paid by law firms.  Q. Do you know how much Dr. Blaivas has been paid by Plaintiffs' law firms for the mesh litigation?  A. No. But this exact project was designed, or is in discussion to be designed to be specifically free of any external funding.
7 8 9 10 11 12 13 14 15 16 17 18	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time  MR. McCONNELL: No, we're not.  MR. SNELL: me having to go through and extract this stuff like I'm at a dentist office.  MR. McCONNELL: We're being very precise, and he's protecting privileges of potential confidential situations with other subjects. If you have a name, you can ask him,	6 7 8 9 10 11 12 13 14 15 16 17 18	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process. And we specifically discussed that this will not be covered by either industry or lawyers. And I have some funds for this.  So we cannot apply blanket statement that these projects are paid by law firms.  Q. Do you know how much Dr. Blaivas has been paid by Plaintiffs' law firms for the mesh litigation?  A. No. But this exact project was designed, or is in discussion to be designed to be specifically free of any external funding.  Q. Is there a protocol that you're
7 8 9 10 11 12 13 14 15 16 17 18 19 20	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time  MR. McCONNELL: No, we're not.  MR. SNELL: me having to go through and extract this stuff like I'm at a dentist office.  MR. McCONNELL: We're being very precise, and he's protecting privileges of potential confidential situations with other subjects. If you have a name, you can ask him, he'll answer yes or no. That's how it's been working.  MR. SNELL: He's testified that	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process. And we specifically discussed that this will not be covered by either industry or lawyers. And I have some funds for this.  So we cannot apply blanket statement that these projects are paid by law firms.  Q. Do you know how much Dr. Blaivas has been paid by Plaintiffs' law firms for the mesh litigation?  A. No. But this exact project was designed, or is in discussion to be designed to be specifically free of any external funding.  Q. Is there a protocol that you're referencing?
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time  MR. McCONNELL: No, we're not.  MR. SNELL: me having to go through and extract this stuff like I'm at a dentist office.  MR. McCONNELL: We're being very precise, and he's protecting privileges of potential confidential situations with other subjects. If you have a name, you can ask him, he'll answer yes or no. That's how it's been working.  MR. SNELL: He's testified that Plaintiffs' experts or Plaintiffs' law firms	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process.  And we specifically discussed that this will not be covered by either industry or lawyers. And I have some funds for this.  So we cannot apply blanket statement that these projects are paid by law firms.  Q. Do you know how much Dr. Blaivas has been paid by Plaintiffs' law firms for the mesh litigation?  A. No. But this exact project was designed, or is in discussion to be designed to be specifically free of any external funding.  Q. Is there a protocol that you're referencing?  A. We have not made formal protocol. But
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time  MR. McCONNELL: No, we're not.  MR. SNELL: me having to go through and extract this stuff like I'm at a dentist office.  MR. McCONNELL: We're being very precise, and he's protecting privileges of potential confidential situations with other subjects. If you have a name, you can ask him, he'll answer yes or no. That's how it's been working.  MR. SNELL: He's testified that Plaintiffs' experts or Plaintiffs' law firms are paying him for this collaboration, or at	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process.  And we specifically discussed that this will not be covered by either industry or lawyers. And I have some funds for this.  So we cannot apply blanket statement that these projects are paid by law firms.  Q. Do you know how much Dr. Blaivas has been paid by Plaintiffs' law firms for the mesh litigation?  A. No. But this exact project was designed, or is in discussion to be designed to be specifically free of any external funding.  Q. Is there a protocol that you're referencing?  A. We have not made formal protocol. But in the discussion we were talking about
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Plaintiffs' experts are, correct?  MR. McCONNELL: Wait a minute. We've already gone through the routine. If you're going to list a name, he'll say yes or no.  MR. SNELL: We are wasting time  MR. McCONNELL: No, we're not.  MR. SNELL: me having to go through and extract this stuff like I'm at a dentist office.  MR. McCONNELL: We're being very precise, and he's protecting privileges of potential confidential situations with other subjects. If you have a name, you can ask him, he'll answer yes or no. That's how it's been working.  MR. SNELL: He's testified that Plaintiffs' experts or Plaintiffs' law firms	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	with Dr. Blaivas is not actually paid or will not be paid by the attorneys, because the plan was for future specimens, so specimens he'd already done outside of the litigation process.  And we specifically discussed that this will not be covered by either industry or lawyers. And I have some funds for this.  So we cannot apply blanket statement that these projects are paid by law firms.  Q. Do you know how much Dr. Blaivas has been paid by Plaintiffs' law firms for the mesh litigation?  A. No. But this exact project was designed, or is in discussion to be designed to be specifically free of any external funding.  Q. Is there a protocol that you're referencing?  A. We have not made formal protocol. But

5 A. Those specific fund which was provided by my university. Then I can apply for grants. 6 Q. Are you going to use meshes that you've gathered in the mesh litigation in your analyses? 7 Uses they are providing statistics. 11 A. Yes, they are providing statistics. 12 Q. Are you going to use meshes from the mesh litigation in your analyses for which you have been paid money by Plaintiffs' experts? 14 A. Well, I mean I will combine them with all available material. And with available material, as I said, some of it came within 19 litigation process, some of it came as 20 St. Michael's patients, some of it came as 21 patients of other hospitals outside of the 21 litigation process. 23 BY Mr. SNELL: 24 Q. Have you ever met Dr. Dunn? 25 A. No.  Page 95  1 Q. Have you ever met Dr. Dunn? 2 A. He was in the chain of e-mail when we were discussing the project. 4 Q. Any conference calls with Dr. Blaivas? 5 A. I don't think so. 6 Q. Did you ever have any conference calls with Dr. Blaivas? 7 A. Yes. 8 A. I don't think so. 9 Q. Guelcher? 10 A. Yes, thar's the 11 Q. That's the other Vanderbilt person, 11 right? 13 A. Yes. 14 Q. That you're involved in in this 15 collaborative project, correct? 16 A. Yes. 17 Q. Who put you in touch with Plaintiffs' 20 Q. Who long was Dr. Guelcher up in Toronto when he came to see you? 20 Q. Who put you in touch with Plaintiffs' 20 Q. How long did you meet with 20 Q. How lon		Page 94		Page 96
4 those? 5 A. Those specifically, I have like a nonspecific fund which was provided by my university. Then I can apply for grants. 7 Q. Are you going to use meshes that you've gathered in the mesh litigation in your analyses? 11 A. Yes, they are providing statistics. 12 Q. Are you going to use meshes from the mesh litigation in your analyses for which you have been paid money by Plaintiffs' experts? 13 MR. McCONNELL: Objection. 14 A. Well, I mean I will combine them with 17 all available material, as I said, some of it came as 20 St. Michael's patients, some of it came as 21 patients of other hospitals outside of the 22 litigation process. 23 BY MR. SNELL: 23 A. No.  Page 95  1 Q. Have you ever met Dr. Dunn? 2 A. No.  Page 95  1 Q. Have you ever met Dr. Dunn? 2 A. He was in the chain of e-mail when we were discussing the project. 4 Q. Any conference calls with Dr. Bunn? 5 A. I don't think so. 6 Q. Did you ever have any conference calls with Dr. Bunn? 6 A. Yes, that's the - 10 Q. That's the other Vanderbilt person, right? 13 A. Yes. 14 Q. That's the other Vanderbilt person, right? 15 A. Yes. 16 A. Yes. 17 Q. What's Dr. Gulcher is an expert for the Plaintiffs'? 18 MR. A. Yes, we have discuss transvaginal meshes that Dr. Gulcher? 2 A. Yes, we have 2 D. Have you ever met Dr. Dunn? 2 A. He was in the chain of e-mail when we were discussing the project. 4 Q. Any conference calls with Dr. Dunn? 5 A. I don't think so. 6 Q. Did you ever have any conference calls with Dr. Bunn? 6 A. Yes, that's the - 10 Q. Whey was he in Toronto. 9 Q. Guelcher? 10 A. Yes, that's the - 10 Q. Whey was he in Toronto. 11 Q. Where did you meet Dr. Guelcher? 12 Q. You understand Guelcher is an expert for the Plaintiffs' 2 do the project, correct? 13 A. Yes. 14 Q. You of the project involved in in this collaborative project, correct? 15 Q. Who put you in touch with Plaintiffs' 2 do Who paid for his plane ticket to get to your office in Toronto? 18 A. Several hours. 29 Q. Who put you in touch with Plaintiffs' 2 do Who paid for his plane ticket t	1	absorbed by either my research funds or his	1	Q. When were you put in touch with
4 those?  A. Those specifically, I have like a 5 nonspecific fund which was provided by my university. Then I can apply for grants.  8 Q. Are you going to use meshes that 8 you've gathered in the mesh litigation in your analyses?  10 analyses?  11 A. Yes, they are providing statistics.  12 Q. Are you going to use meshes that 8 bright on your analyses for which you have been paid money by Plaintiffs' experts?  13 mesh litigation in your analyses for which you have been paid money by Plaintiffs' experts?  14 have been paid money by Plaintiffs' experts?  15 MR. McCONNELL: Objection.  16 A. Well, I mean I will combine them with 16 material, as I said, some of it came within 18 litigation process, some of it came as 19 patients of other hospitals outside of the 21 litigation process.  21 patients of other hospitals outside of the 21 litigation process.  22 litigation process.  23 BY MR. SNELL:  24 Q. Have you ever met Dr. Dunn?  25 A. No.  Page 95  Page 95  Page 95  Page 95  Page 95  Page 95  A. I don't think so.  Q. Did you ever have any conference calls with Dr. Bun's are were discussing the project.  A. Yes.  A. I don't think so.  Q. Guclcher?  A. Yes.  A. He came to my office in Toronto.  Q. Why was he in Toronto?  A. Yes.  A. He came to my office in Toronto?  A. Yes.  A. He came to my office in Toronto?  A. Yes.  A. Yes.  A. Yes.  A. Who put you in touch with Plaintiffs' expert Guelcher?  A. Several hours.  A. Yes.  A. How long did you meet with Plaintiffs' expert Guelcher?  A. Yes.  A. He wool office in Toronto?  A. Several hours.  C. Where did you meet up to your office in Toronto?  A. Yes.  A. How long did you meet with Plaintiffs' expert Guelcher?  A. Yes.  C. Where did you meet br. Guelcher?  A. Yes.  A. How long did you meet with Plaintiffs' expert Guelcher?	2	research funds.	2	Dr. Guelcher?
5 A. Those specifically, I have like a nonspecific fund which was provided by my uriversity. Then I can apply for grants.  8 Q. Are you going to use meshes that you've gathered in the mesh litigation in your analyses?  10 analyses?  11 A. Yes, they are providing statistics. 12 Q. Are you going to use meshes from the mesh litigation in your analyses for which you have been paid money by Plaintiffs' experts?  14 A. Well, I mean I will combine them with all available material, as I said, some of it came as with meshed process, some of it came as 20 St. Michael's patients, some of it came as 21 patients of other hospitals outside of the 22 litigation process.  15 A. No.  Page 95  1 Q. Have you ever met Dr. Dunn?  2 A. He was in the chain of e-mail when we were discussing the project.  4 Q. Any conference calls with Dr. Dunn?  5 A. I don't think so. 6 Q. Did you ever have any conference calls with Dr. Blaivas?  8 A. I don't think so. 9 Q. Guelcher? 10 A. Yes, they are providing statistics. 11 Dr. Dun and interprets it. 12 Q. Have you ever e-mailed Dr. Guelcher in person?  1 Q. Have you ever e-mailed Dr. Guelcher in person?  1 Q. Have you ever hat Dr. Dunn?  2 A. He was in the chain of e-mail when we were discussing the project.  4 Q. Any conference calls with Dr. Dunn?  5 A. I don't think so. 6 Q. Did you ever have any conference calls with Dr. Blaivas?  8 A. I don't think so. 9 Q. Guelcher? 10 A. Yes, they are providing statistics. 11 Dr. Guelcher? 12 A. Yes, and the transly and interprets it. 12 Q. Have you ever met Dr. Guelcher in person?  14 A. Yes. 15 Q. Have you ever met Dr. Guelcher in person?  16 A. It was sometimes in fall of 2013.  A. He analyzes data together with Dr. Dun from litigation project involving transvaginal meshes?  A. Yes, we have communication throw e-mailed Dr. Guelcher?  1 Q. Have you ever met Dr. Dunn? 2 A. It was in directory from litigation project involving transvaginal meshes?  A. Yes, we have communication throw e-mailed Dr. Guelcher?  A. Yes we have you ever met Dr. Guelcher?  A. Yes	3	Q. Your research funds, how do you gather	3	A. Say it again?
6 nonspecific fund which was provided by my university. Then I can apply for grants. 8 Q. Are you going to use meshes that 9 you've gathered in the mesh litigation in your analyses? 9 you've gathered in the mesh litigation in your analyses? 10 A. Yes, they are providing statistics. 11 Q. And the transvaginal meshes? 12 Q. Are you going to use meshes from the 13 mesh litigation in your analyses for which you have been paid money by Plaintiffs' experts? 15 MR. McCONNELL: Objection. 16 A. Well, I mean I will combine them with 17 all available material. And with available 17 all available material. And with available 18 material, as I said, some of it came as 19 Q. Have you ever e-mailed Dr. Guelche 19 Litigation process, some of it came as 20 St. Michael's patients, some of it came as 21 patients of other hospitals outside of the 22 litigation process. 21 patients of other hospitals outside of the 22 litigation process. 22 MY MR. SNELL: 23 BY MR. SNELL: 23 BY MR. SNELL: 24 Q. Have you ever met Dr. Dunn? 24 Q. Have you ever met Dr. Dunn? 25 A. No. 25 conference calls with Dr. Dunn? 26 Q. May conference calls with Dr. Dunn? 27 A. I don't think so. 28 were discussing the project. 29 G. Guelcher? 30 Q. Guelcher? 31 A. Yes, that's the 32 Q. Where did you meet Dr. Guelcher? 31 A. Yes, that's the 32 Q. You understand Guelcher is an expert fight? 31 A. Yes. 31 Q. Who yaid for his plane ticket to get to your office in Toronto? 32 Q. Who paid for his plane ticket to get to your office in Toronto? 34 A. Yes. 35 Q. Who put you in touch with Plaintiffs' 20 Q. Who long did you meet with Dr. Onlong did you meet with Dr. Onlo	4	those?	4	Q. When were you first put in touch with
7 university. Then I can apply for grants. 8 Q. Are you going to use meshes that 9 you've gathered in the mesh litigation in your 10 analyses? 11 A. Yes, they are providing statistics. 12 Q. Are you going to use meshes from the 13 mesh litigation in your analyses for which you 14 have been paid money by Plaintiffs' experts? 15 MR. McCONNELL: Objection. 16 A. Well, I mean I will combine them with 17 all available material. And with available 18 material, as I said, some of it came within 19 litigation process, some of it came as 20 St. Michael's patients, some of it came as 21 patients of other hospitals outside of the 22 litigation process. 22 BY MR. SNELL: 23 BY MR. SNELL: 24 Q. Have you ever met Dr. Dunn? 25 A. No.  Page 95  1 Q. Have you ever met Dr. Dunn? 24 A. No.  Page 95  1 Q. Have you ever met Dr. Dunn? 25 A. A. I don't think so. 3 were discussing the project. 4 Q. Did you ever have any conference calls 5 with Dr. Blaivas? 8 A. I don't think so. 9 Q. Guelcher? 9 Q. Guelcher? 10 A. Yes, that's the 11 Q. That's the other Vanderbilt person, right? 13 A. Yes. 14 Q. That you're involved in in this 15 collaborative project, correct? 16 A. Yes. 17 Q. You understand Guelcher is an expert for the Plaintiffs? 18 A. Now I do. You told me. 29 Q. Who put you in touch with Plaintiffs' expert Guelcher? 20 Q. Who long did you meet with	5	A. Those specifically, I have like a	5	Dr. Guelcher?
8 Q. Are you going to use meshes that 9 you've gathered in the mesh litigation in your 10 analyses? 11 A. Yes, they are providing statistics. 12 Q. Are you going to use meshes from the 13 mesh litigation in your analyses for which you 14 have been paid money by Plaintiffs' caperts? 15 MR. McCONNELL: Objection. 16 A. Well, I mean I will combine them with 17 all available material. And with available 18 material, as I said, some of it came within 19 litigation process, some of it came as 20 St. Michael's patients, some of it came as 21 patients of other hospitals outside of the 22 litigation process. 23 BY MR. SNELL: 24 Q. Have you ever met Dr. Dunn? 25 A. No. 26 Q. Have you ever met Dr. Dunn? 27 A. He was in the chain of e-mail when we 28 were discussing the project. 30 Q. Have you ever met Dr. Guelcher in 29 Page 20 Page 21 Q. Have you ever met Dr. Dunn? 21 Q. Have you ever met Dr. Dunn? 22 A. I don't trink so. 31 Q. Have you ever met Dr. Guelcher in 32 with Dr. Blaivas? 43 Q. Have you ever met Dr. Dunn? 44 Q. Any conference calls with Dr. Dunn? 55 A. I don't think so. 66 Q. Did you ever have any conference calls 7 with Dr. Blaivas? 8 A. I don't think so. 9 Q. Guelcher? 9 Q. Have you ever met Dr. Guelcher? 10 A. Yes, that's the	6	nonspecific fund which was provided by my	6	A. It was sometime in fall of 2013.
you've gathered in the mesh litigation in your analyses?  10	7	university. Then I can apply for grants.	7	Q. What's Dr. Gulcher's role in this
10 analyses? 11 A. Yes, they are providing statistics. 12 Q. Are you going to use meshes from the 13 mesh litigation in your analyses for which you 14 have been paid money by Plaintiffs' experts? 15 MR. McCONNELL: Objection. 16 A. Well, I mean I will combine them with 17 all available material. And with available 18 material, as I said, some of it came within 19 litigation process, some of it came as 20 St. Michael's patients, some of it came as 21 patients of other hospitals outside of the 22 litigation process. 23 BY MR. SNELL: 23 BY MR. SNELL: 24 Q. Have you ever met Dr. Dunn? 25 A. No. 26 Q. Have you ever met Dr. Dunn? 26 A. New sin the chain of e-mail when we 27 were discussing the project. 28 were discussing the project. 39 Q. Did you ever have any conference calls with Dr. Blaivas? 40 Q. Did you ever have any conference calls with Dr. Blaivas? 41 Q. Did you ever have any conference calls 42 Q. Did you ever have any conference calls 43 With Dr. Blaivas? 44 Q. Did you ever have any conference calls 45 A. I don't think so. 46 Q. Did you ever have any conference calls 47 with Dr. Blaivas? 48 A. I don't think so. 49 Q. Guelcher? 40 Q. That's the other Vanderbilt person, 11 Q. That's the other Vanderbilt person, 12 right? 13 A. Yes. 14 Q. That you're involved in in this 15 collaborative project, correct? 16 A. Yes. 17 Q. You understand Guelcher is an expert 18 for the Plaintiffs' 19 A. Now I do. You told me. 20 Q. Who put you in touch with Plaintiffs' 21 cxpert Guelcher? 22 U. How long did you meet with 23 U. How long did you meet with	8	Q. Are you going to use meshes that	8	project involving transvaginal meshes?
11 A. Yes, they are providing statistics. 12 Q. Are you going to use meshes from the mesh litigation in your analyses for which you have been paid money by Plaintiffs' experts? 15 MR. McCONNELL: Objection. 16 A. Well, I mean I will combine them with all available material. And with available material, as I said, some of it came as som	9	you've gathered in the mesh litigation in your	9	A. He analyzes data together with
12   Q. Are you going to use meshes from the mesh litigation in your analyses for which you have been paid money by Plaintiffs' experts?   14	10	analyses?	10	Dr. Dunn and interprets it.
mesh litigation in your analyses for which you have been paid money by Plaintiffs' experts?  MR. McCONNELL:  More and with a valiable material. And with available material, as I said, some of it came within litigation process, some of it came as patients of other hospitals outside of the litigation process, some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of it came as patients of other hospitals outside of the litigation process. Some of the law	11	A. Yes, they are providing statistics.	11	Q. And the transvaginal meshes that
have been paid money by Plaintiffs' experts?  MR. McCONNELL: Objection.  A. Well, I mean I will combine them with all available material. And with available material, as I said, some of it came as bilitigation process, some of it came as comparison by Mr. SNELL:  By MR. SNELL:  Q. Have you ever had conference calls with Dr. Guelcher?  A. Yes, we have.  Itigation process.  By MR. SNELL:  Q. Have you ever met Dr. Dunn?  A. No.  Page 95  Q. Have you ever met Dr. Guelcher in person?  A. Yes, we have.  Page 95  Q. Have you ever met Dr. Guelcher in person?  A. Yes, Q. How many conference calls? A. I don't remember. As I said, sometimes you don't know who is in the conference call. At least one.  Page 95  Q. Have you e-mailed Dr. Dunn? A. He was in the chain of e-mail when we were discussing the project.  Q. Any conference calls with Dr. Dunn? A. I don't think so.  Q. Did you ever have any conference calls with Dr. Blaivas?  A. I don't think so.  Q. Did you ever have any conference calls with Dr. Blaivas?  A. I don't think so.  Q. Guelcher?  A. I don't think so.  A. I believe one time.  Q. Where did you meet Dr. Guelcher?  A. He came to my office in Toronto?  A. Yes, that's the  Q. That's the other Vanderbilt person, right?  A. Yes.  Q. That you're involved in in this collaborative project, correct?  A. Yes.  Q. You understand Guelcher is an expert for the Plaintiffs'  A. Now I do. You told me.  Q. Who put you in touch with Plaintiffs'  expert Guelcher?  A. Several house.	12	Q. Are you going to use meshes from the	12	Dr. Guelcher is involved in analyzing data for,
15 MR. McCONNELL: Objection. 16 A. Well, I mean I will combine them with 17 all available material. And with available 18 material, as I said, some of it came as 19 litigation process, some of it came as 20 St. Michael's patients, some of it came as 21 patients of other hospitals outside of the 22 litigation process. 23 BY MR. SNELL: 24 Q. Have you ever met Dr. Dunn? 25 A. No.  Page 95  1 Q. Have you ever met Dr. Dunn? 26 A. No.  Page 95  1 Q. Have you ever met Dr. Dunn? 27 A. He was in the chain of e-mail when we 28 were discussing the project. 4 Q. Any conference calls with Dr. Dunn? 4 Q. Any conference calls with Dr. Dunn? 5 A. I don't think so. 6 Q. Did you ever have any conference calls 7 with Dr. Blaivas? 8 A. I don't think so. 9 Q. Guelcher? 9 Q. Guelcher? 10 A. Yes, that's the 11 Q. That's the other Vanderbilt person, 12 right? 13 A. Yes. 14 Q. That you're involved in in this 15 Collaborative project, correct? 16 A. Yes. 17 Q. You understand Guelcher is an expert 18 for the Plaintiffs? 19 A. Now I do. You told me. 20 Q. Who put you in touch with Plaintiffs' 21 expert Guelcher? 22 G. How many -strike that. 4 Have you ever e-mailed Dr. Guelch remail. 4 A. Yes, we have communication throu e-mail. 4 A. Yes, we have communication throu e-mail. 4 A. Yes, we have communication throu e-mail. 4 A. Yes, 4 Q. How many conference calls with Dr. Guelcher in person? 4 Q. Have you ever had conference calls with Dr. Dunn? 5 A. I don't think so. 6 Q. Did you ever have any conference calls 7 with Dr. Guelcher? 9 Q. Where did you meet Dr. Guelcher? 9 Q. Why was he in Toronto? 10 A. Yes, that's the 10 A. Yes, that's the 11 Q. Therefore the up to your office in Toronto? 12 right? 13 A. Yes. 14 Q. That you're involved in in this 15 Collaborative project, correct? 16 A. Yes. 17 Q. You understand Guelcher is an expert 18 for the Plaintiffs? 19 A. Now I do. You told me. 20 Q. Who put you in touch with Plaintiffs' 21 C. How long did you meet with	13	mesh litigation in your analyses for which you	13	some of those are meshes from litigation?
A. Well, I mean I will combine them with all available material. And with available material, as I said, some of it came within litigation process, some of it came as litigation process, some of it came as litigation process.  St. Michael's patients, some of it came as litigation process, some of it came as litigation process.  BYMR. SNELL: litigation process.  BYMR. SNELL: A. No.  Page 95  Page  Q. Have you ever had conference calls with Dr. Guelcher? A. Yes, we have.  Q. How many conference calls? A. I don't memember. As I said, sometimes you don't know who is in the conference call. At least one.  Page 95  Page  Q. Have you ever met Dr. Guelcher in person?  A. He was in the chain of e-mail when we were discussing the project.  Q. Any conference calls with Dr. Dunn? A. I don't think so. D. Did you ever have any conference calls with Dr. Guelcher? A. I don't think so. D. Guelcher? A. I don't think so. D. Guelcher?  A. I don't think so. D. Guelcher?  A. He came to my office in Toronto?  A. Yes, that's the other Vanderbilt person, right? A. Yes.  Q. That's the other Vanderbilt person, right? A. Yes.  Q. That you're involved in in this collaborative project, correct? A. Now I do. You understand Guelcher is an expert for the Plaintiffs' Who put you in touch with Plaintiffs' A. Now I do. You told me. Q. Who put you in touch with Plaintiffs' A. Severt Guelcher? A. Severt Buours. A. Yes to you office in Toronto to see you? A. Severt Guelcher? A. Severt Guelcher? A. Several hours. A. Several hours. A. Yes to you office in Toronto one of the you office in Toronto one of the your office in Toronto one of your office in Toronto one of your office in Toronto one of your	14	have been paid money by Plaintiffs' experts?	14	A. Yes.
all available material. And with available material, as I said, some of it came within 18 e-mail.  19 litigation process, some of it came as 20 St. Michael's patients, some of it came as 20 with Dr. Guelcher?  21 patients of other hospitals outside of the 21 patients of other hospitals outside of the 22 litigation process. 22 litigation process. 22 Q. How many conference calls? A. Yes, we have. 23 A. I don't remember. As I said, sometimes you don't know who is in the 25 A. No. 25 conference call. At least one.  Page 95  1 Q. Have you ever met Dr. Dunn? 24 sometimes you don't know who is in the conference call. At least one.  Page 95  1 Q. Have you e-mailed Dr. Dunn? 1 Q. Have you ever met Dr. Guelcher in person? 3 A. Yes. 4 Q. Any conference calls with Dr. Dunn? 4 Q. How many times have you met Dr. Guelcher? A. I don't think so. 5 Dr. Guelcher? 4 A. I don't think so. 6 A. I don't think so. 8 A. I don't think so. 8 A. I don't think so. 8 A. I don't think so. 9 Q. Guelcher? 9 Q. Where did you meet Dr. Guelcher? 4 Q. That's the other Vanderbilt person, 11 person? 11 Q. That's the other Vanderbilt person, 12 right? 12 right? 12 in Toronto discuss transvaginal mesh 13 findings, correct? 15 Q. Who paid for his plane ticket to get to your office in Toronto? A. Yes. 16 A. Yes. 16 Q. You understand Guelcher is an expert 17 A. Now I do. You told me. 19 Q. How long did you meet with 19 Toronto when he came to see you? 25 C. How long did you meet with 19 Toronto when he came to see you? 25 C. How long did you meet with 19 Toronto when he came to see you? 25 C. How long did you meet with 19 Toronto when he came to see you? 25 C. How long did you meet with 19 Toronto ond did you meet with 19 Toronto when he came to see you? 25 C. How long did you meet with 19 Toronto when he came to see you? 25 C. The patient of the Plaintiff's 20 C. How long did you meet with 19 Toronto when he came to see you? 25 C. The patient in Toronto 2 C. How long did you meet with 19 Toronto when he came to see you? 25 C. The patient in Toronto 2 C.	15	MR. McCONNELL: Objection.	15	Q. How many strike that.
material, as I said, some of it came within  19 litigation process, some of it came as  20 St. Michael's patients, some of it came as  21 patients of other hospitals outside of the  22 litigation process.  23 BY MR. SNELL:  24 Q. Have you ever met Dr. Dunn?  25 A. No.  Page 95  Page  1 Q. Have you ever met Dr. Dunn?  2 A. He was in the chain of e-mail when we  2 were discussing the project.  4 Q. Any conference calls with Dr. Dunn?  5 A. I don't think so.  6 Q. Did you ever have any conference calls  7 with Dr. Blaivas?  8 A. I don't think so.  9 Q. Guelcher?  9 Q. Guelcher?  9 Q. Why was he in Toronto.  9 Q. Guelcher?  10 A. Yes, that's the  11 Q. That's the other Vanderbilt person,  12 right?  13 A. Yes.  14 Q. That you're involved in in this  15 collaborative project, correct?  16 A. Yes.  17 Q. You understand Guelcher is an expert  18 for the Plaintiffs?  19 A. Now I do. You told me.  20 Q. How long did you meet with  10 A. Several hours.  21 E-mail.  Q. Have you ever had conference calls with Dr. Guelcher?  A. I don't know.  9 Q. Have you ever met Dr. Guelcher in person?  A. He came to my office in Toronto.  9 Q. Why was he in Toronto?  A. We were discussing findings.  10 A. Yes, that's the  10 A. We were discussing findings.  11 Q. Who paid for his plane ticket to get to your office in Toronto?  12 right?  13 A. Yes.  14 Q. That you're involved in in this  15 collaborative project, correct?  16 A. Yes.  17 Q. You understand Guelcher is an expert  18 for the Plaintiffs?  19 A. Now I do. You told me.  10 Q. Who paid for his plane ticket to get to your office in Toronto?  A. I don't know.  Q. How long was Dr. Guelcher up in Toronto when he came to see you?  A. Several hours.  Q. How long did you meet with	16	A. Well, I mean I will combine them with	16	Have you ever e-mailed Dr. Guelcher?
19 litigation process, some of it came as 20 St. Michael's patients, some of it came as 21 patients of other hospitals outside of the 22 litigation process. 23 BY MR. SNELL: 24 Q. Have you ever met Dr. Dunn? 25 A. No.  26 Page 95  1 Q. Have you ever met Dr. Dunn? 2 A. He was in the chain of e-mail when we 3 were discussing the project. 4 Q. Any conference calls with Dr. Dunn? 4 Q. How many tome tree Dr. Guelcher in person? 5 A. I don't think so. 6 Q. Did you ever have any conference calls 7 with Dr. Blaivas? 8 A. I don't think so. 9 Q. Guelcher? 1 Q. Where did you meet Dr. Guelcher? 1 A. Yes, we have. 2 Q. Have you ever met Dr. Dunn? 4 Q. Have you ever met Dr. Guelcher? 5 A. I don't think so. 6 Q. Did you ever have any conference calls 7 with Dr. Blaivas? 8 A. I don't think so. 9 Q. Guelcher? 9 Q. Where did you meet Dr. Guelcher? 10 A. Yes, that's the 11 Q. That's the other Vanderbilt person, 11 q. Why was he in Toronto? 12 right? 13 A. Yes. 14 Q. That you're involved in in this 15 collaborative project, correct? 16 A. Yes. 17 Q. You understand Guelcher is an expert 18 for the Plaintiffs' 19 A. Now I do. You told me. 10 Q. Who put you in touch with Plaintiffs' 20 Q. How long did you meet with	17	all available material. And with available	17	A. Yes, we have communication through
20 St. Michael's patients, some of it came as 21 patients of other hospitals outside of the 22 litigation process. 23 BY MR. SNELL: 24 Q. Have you ever met Dr. Dunn? 25 A. No.  26 Page 95  27 Page 95  28 Page 95  29 Page 95  29 Page 95  20 Have you ever met Dr. Dunn? 20 A. No.  21 Q. Have you ever met Dr. Dunn? 22 A. He was in the chain of e-mail when we were discussing the project. 25 A. I don't think so. 26 Q. Did you ever have any conference calls have been discussing the project. 27 With Dr. Blaivas? 28 A. I don't think so. 29 Q. Guelcher? 20 Q. Guelcher? 21 Q. Where did you meet Dr. Guelcher? 22 A. He was in the chain of e-mail when we were discussing the project. 30 A. Yes. 41 Q. Any conference calls with Dr. Dunn? 42 A. I believe one time. 43 A. I don't think so. 44 Q. Where did you meet Dr. Guelcher? 45 A. I don't think so. 46 Q. Did you ever have any conference calls have been discussing findings. 46 A. Yes, that's the 47 Q. Where did you meet Dr. Guelcher? 48 A. I don't think so. 49 Q. Why was he in Toronto. 40 Q. Why was he in Toronto? 41 Q. That's the other Vanderbilt person, 41 Q. That's the other Vanderbilt person, 41 Q. That you're involved in in this 41 A. Yes. 42 Q. That you're involved in in this 43 A. Yes. 44 Q. That you're involved in in this 45 collaborative project, correct? 46 A. Yes. 47 Q. Who paid for his plane ticket to get to your office in Toronto? 48 A. I don't know. 49 Q. Who poid for his plane ticket to get to your office in Toronto? 40 Q. Who paid for his plane ticket to get to your office in Toronto? 41 Q. How long was Dr. Guelcher up in Toronto when he came to see you? 40 Q. Who put you in touch with Plaintiffs' 41 Q. How long did you meet with	18	material, as I said, some of it came within	18	e-mail.
21 patients of other hospitals outside of the 22 litigation process. 23 BY MR. SNELL: 24 Q. Have you ever met Dr. Dunn? 25 A. No.  Page 95  1 Q. Have you e-mailed Dr. Dunn? 2 A. He was in the chain of e-mail when we 2 were discussing the project. 3 Way conference calls with Dr. Dunn? 4 Q. Any conference calls with Dr. Dunn? 5 A. I don't think so. 6 Q. Did you ever have any conference calls 7 with Dr. Blaivas? 8 A. I don't think so. 9 Q. Guelcher? 10 A. Yes, that's the 11 Q. That's the other Vanderbilt person, 11 Q. That's the other Vanderbilt person, 12 right? 13 A. Yes. 14 Q. That you're involved in in this 15 collaborative project, correct? 16 A. Yes. 17 Q. Who put you in touch with Plaintiffs' 18 A. Now I do. You told me. 19 Q. Who put you in touch with Plaintiffs' 20 A. Now long did you meet with 21 A. Yes, expert Guelcher? 22 A. I don't know. 23 A. Yes, we have. 24 Q. How many conference calls? 25 A. I deave you ever met Dr. Guelcher in person? 26 A. I believe one time. 27 Q. Where did you meet Dr. Guelcher? 28 A. I don't think so. 38 A. He came to my office in Toronto. 39 Q. Why was he in Toronto? 40 A. We were discussing findings. 41 Q. That's the other Vanderbilt person, 42 P. Yes. 43 A. Yes. 44 Q. Who paid for his plane ticket to get to your office in Toronto? 45 A. Yes. 46 Q. Thou long was Dr. Guelcher up in Toronto when he came to see you? 46 A. Now I do. You told me. 47 Q. Who pout you in touch with Plaintiffs' 48 A. Several hours. 49 Q. How long did you meet with	19	litigation process, some of it came as	19	Q. Have you ever had conference calls
22   Ititgation process. 23   BY MR. SNELL: 24   Q. Have you ever met Dr. Dunn? 25   A. No. 26   A. No. 27   A. No. 28   A. I don't remember. As I said, sometimes you don't know who is in the conference call. At least one.  Page 95   Page 1   Q. Have you e-mailed Dr. Dunn? 2   A. He was in the chain of e-mail when we were discussing the project. 3   Were discussing the project. 4   Q. Any conference calls with Dr. Dunn? 5   A. I don't think so. 6   Q. Did you ever have any conference calls   6   A. I believe one time. 7   with Dr. Blaivas? 8   A. I don't think so. 9   Q. Guelcher? 9   Q. Where did you meet Dr. Guelcher? 10   A. Yes, that's the 11   Q. Have you ever met Dr. Guelcher? 12   Page 2   A. I believe one time. 13   A. Yes, that's the 14   Q. That's the other Vanderbilt person, right? 15   Collaborative project, correct? 16   A. Yes. 17   Q. You understand Guelcher is an expert of the Plaintiffs? 18   A. Now I do. You told me. 20   Q. Who put you in touch with Plaintiffs' on the plaintiffs'	20	St. Michael's patients, some of it came as	20	with Dr. Guelcher?
BY MR. SNELL:  Q. Have you ever met Dr. Dunn?  A. No.  Page 95  Q. Have you e-mailed Dr. Dunn?  A. He was in the chain of e-mail when we were discussing the project.  Q. Any conference calls with Dr. Dunn?  A. I don't think so.  Q. Did you ever have any conference calls  A. I don't think so.  Q. Guelcher?  A. I don't think so.  9 Q. Guelcher?  10 A. Yes, that's the  11 Q. Have you ever met Dr. Guelcher in person?  A. I don't think so.  9 Q. Where did you meet Dr. Guelcher?  A. I don't think so.  9 Q. Where did you meet Dr. Guelcher?  A. We were discussing findings.  11 Q. That's the other Vanderbilt person,  12 right?  13 A. Yes.  14 Q. That you're involved in in this  15 collaborative project, correct?  16 A. Yes.  17 Q. Who paid for his plane ticket to get to your office in Toronto?  A. Yes.  18 Gor the Plaintiffs?  Q. Who put you in touch with Plaintiffs'  20 Q. Who long did you meet with	21	patients of other hospitals outside of the	21	A. Yes, we have.
24 Q. Have you ever met Dr. Dunn? 25 A. No.  Page 95  Q. Have you e-mailed Dr. Dunn? 2 A. He was in the chain of e-mail when we 3 were discussing the project. 4 Q. Any conference calls with Dr. Dunn? 5 A. I don't think so. 6 Q. Did you ever have any conference calls 7 with Dr. Blaivas? 8 A. I don't think so. 9 Q. Guelcher? 10 A. Yes, that's the 11 Q. Have you ever met Dr. Guelcher in person? 8 A. I don't think so. 9 Q. Where did you meet Dr. Guelcher? 10 A. Yes, that's the 11 Q. How many times have you met 12 right? 13 A. Yes. 14 Q. That you're involved in in this 15 collaborative project, correct? 16 A. Yes. 17 Q. Who paid for his plane ticket to get 18 for the Plaintiffs? 19 A. Now I do. You told me. 20 Q. Who put you in touch with Plaintiffs' 20 Expert Guelcher? 21 expert Guelcher? 22 Expert Guelcher? 23 A. Several hours. 24 sometimes you don't know who is in the conference call. At least one. 24 conference call. At least one. 24 conference call. At least one. 25 conference call. At least one. 26 Conference call. At least one. 27 conference call. At least one. 28 conference call. At least one. 29 Q. Have you ever met Dr. Guelcher in person? 3 A. Yes. 4 Q. How many times have you met 29 Q. Where did you meet Dr. Guelcher in Toronto. 4 A. We were discussing findings. 4 A. We were discussing findings. 19 A. Yes. 10 A. Yes. 11 Q. So Dr. Guelcher flew up to your office in Toronto to discuss transvaginal mesh 11 G. So Dr. Guelcher flew up to your office in Toronto to discuss transvaginal mesh 12 in Toronto to discuss transvaginal mesh 13 findings, correct? 14 Q. That you're involved in in this 14 A. Yes. 15 Q. Who paid for his plane ticket to get 16 A. Yes. 17 Q. You understand Guelcher is an expert 18 for the Plaintiffs? 19 A. Now I do. You told me. 19 Toronto when he came to see you? 20 Q. Who put you in touch with Plaintiffs' 20 A. Several hours. 21 expert Guelcher? 22 Q. How long did you meet with	22	litigation process.	22	Q. How many conference calls?
Page 95  Q. Have you e-mailed Dr. Dunn? A. He was in the chain of e-mail when we were discussing the project. Q. Any conference calls with Dr. Dunn? A. I don't think so. Q. Did you ever have any conference calls with Dr. Blaivas? A. I don't think so. Q. Guelcher? A. I don't think so. A. I don't think so. Q. Guelcher? A. I don't think so. A. Yes, that's the Q. Why was he in Toronto? A. Yes, that's the other Vanderbilt person, right? A. Yes. A. Yes. A. Yes. A. Yes. A. Yes. A. We were discussing findings. C. That's the other Vanderbilt person, findings, correct? A. Yes. A. Yes. A. Yes. A. Yes. A. We were discussing findings. C. Who paid for his plane ticket to get to your office in Toronto? A. Yes. A. Yes. A. Yes. A. We were discussing findings. A. Yes. A. We were discussing findings. A. Yes. A. Yes. A. Yes. A. We were discussing findings. A. Yes. A. He came to my office in Toronto? A. Yes. A. Yes. A. He came to my office in Toronto. A. We were discussing findings. A. Yes. A. Yes. A. He came to my office in Toronto. A. Yes. A. Yes. A. How hor did y	23	BY MR. SNELL:	23	A. I don't remember. As I said,
Page 95  Q. Have you e-mailed Dr. Dunn? A. He was in the chain of e-mail when we were discussing the project. Q. Any conference calls with Dr. Dunn? A. I don't think so. Did you ever have any conference calls with Dr. Blaivas? A. I don't think so. Dr. Guelcher? A. I believe one time. A. I don't think so. Q. Where did you meet Dr. Guelcher? A. I believe one time. A. I don't think so. Q. Where did you meet Dr. Guelcher? A. He came to my office in Toronto. Q. Why was he in Toronto? A. Yes, that's the Q. That's the other Vanderbilt person, right? A. Yes. A. Yes. A. Yes. A. We were discussing findings. Tright? A. Yes. A. Yes. A. Yes. A. We were discussing findings. Toronto to discuss transvaginal mesh findings, correct? A. Yes. A. Yes. A. Yes. A. Yes. A. Yes. A. Yes. A. We were discussing findings. Toronto to discuss transvaginal mesh findings, correct? A. Yes. A. Yes	24	Q. Have you ever met Dr. Dunn?	24	sometimes you don't know who is in the
1 Q. Have you e-mailed Dr. Dunn? 2 A. He was in the chain of e-mail when we 3 were discussing the project. 4 Q. Any conference calls with Dr. Dunn? 5 A. I don't think so. 6 Q. Did you ever have any conference calls 7 with Dr. Blaivas? 8 A. I don't think so. 9 Q. Guelcher? 10 A. Yes, that's the 11 Q. Have you ever met Dr. Guelcher in person? 11 Q. How many times have you met 12 Dr. Guelcher? 13 A. He came to my office in Toronto. 14 Q. Where did you meet Dr. Guelcher? 15 A. He came to my office in Toronto. 16 Q. That's the other Vanderbilt person, 17 Q. Where discussing findings. 18 A. Yes, that's the other Vanderbilt person, 19 Q. That's the other Vanderbilt person, 10 A. Yes, 11 Q. That you're involved in in this 12 collaborative project, correct? 13 A. Yes. 14 Q. That you're involved in in this 15 collaborative project, correct? 16 A. Yes. 17 Q. You understand Guelcher is an expert 18 for the Plaintiffs? 19 A. Now I do. You told me. 19 Toronto when he came to see you? 20 Q. Who put you in touch with Plaintiffs' 20 A. Several hours. 21 expert Guelcher? 21 Q. How long did you meet with	25	A. No.	25	conference call. At least one.
3 Were discussing the project. 4 Q. Any conference calls with Dr. Dunn? 5 A. I don't think so. 6 Q. Did you ever have any conference calls 7 with Dr. Blaivas? 8 A. I don't think so. 9 Q. Guelcher? 10 A. Yes, that's the 11 Q. That's the other Vanderbilt person, 12 right? 13 A. Yes. 14 Q. How many times have you met 15 Dr. Guelcher? 16 A. I believe one time. 17 Q. Where did you meet Dr. Guelcher? 18 A. He came to my office in Toronto. 19 Q. Why was he in Toronto? 10 A. We were discussing findings. 11 Q. So Dr. Guelcher flew up to your office right? 12 in Toronto to discuss transvaginal mesh 13 A. Yes. 14 Q. That you're involved in in this 14 A. Yes. 15 collaborative project, correct? 16 A. Yes. 17 Q. You understand Guelcher is an expert 18 for the Plaintiffs? 19 A. Now I do. You told me. 19 Toronto when he came to see you? 20 Q. Who put you in touch with Plaintiffs' 21 expert Guelcher? 21 Q. How long did you meet with	1		1	
3 A. Yes. 4 Q. Any conference calls with Dr. Dunn? 5 A. I don't think so. 6 Q. Did you ever have any conference calls 7 with Dr. Blaivas? 8 A. I don't think so. 9 Q. Guelcher? 10 A. Yes, that's the 11 Q. That's the other Vanderbilt person, 12 right? 13 A. Yes. 14 Q. How many times have you met 15 A. I believe one time. 16 A. I believe one time. 17 Where did you meet Dr. Guelcher? 18 A. He came to my office in Toronto. 19 Q. Why was he in Toronto? 10 A. We were discussing findings. 11 Q. That's the other Vanderbilt person, 12 right? 13 A. Yes. 14 Q. That you're involved in in this 15 collaborative project, correct? 16 A. Yes. 17 Q. You understand Guelcher is an expert 18 for the Plaintiffs? 19 A. Now I do. You told me. 19 Toronto when he came to see you? 20 Q. Who put you in touch with Plaintiffs' 21 expert Guelcher? 21 Q. How long did you meet with	2		2	
4 Q. Any conference calls with Dr. Dunn? 5 A. I don't think so. 6 Q. Did you ever have any conference calls 7 with Dr. Blaivas? 8 A. I don't think so. 9 Q. Guelcher? 10 A. Yes, that's the 11 Q. That's the other Vanderbilt person, 12 right? 13 A. Yes. 14 Q. That you're involved in in this 15 collaborative project, correct? 16 A. Yes. 17 Q. Who put you meet Dr. Guelcher? 18 A. We were discussing findings. 19 Q. Why was he in Toronto? 10 A. We were discussing findings. 11 Q. So Dr. Guelcher flew up to your office in Toronto to discuss transvaginal mesh 13 A. Yes. 14 Q. That you're involved in in this 15 collaborative project, correct? 16 A. Yes. 17 Q. You understand Guelcher is an expert 18 for the Plaintiffs? 19 A. Now I do. You told me. 20 Q. Who put you in touch with Plaintiffs' 21 expert Guelcher? 21 Q. How long did you meet with	3	were discussing the project.	3	A. Yes.
Q. Did you ever have any conference calls with Dr. Blaivas? A. I don't think so. Q. Where did you meet Dr. Guelcher? A. I don't think so. Q. Guelcher? Q. Why was he in Toronto? A. Yes, that's the Q. That's the other Vanderbilt person, C. That's the other Vanderbilt person, A. Yes. A. Yes. A. We were discussing findings. C. That's the other Vanderbilt person, C. That's the other Vanderbilt person, C. That you're involved in in this A. Yes. C. That you're involved in in this A. Yes. C. Collaborative project, correct? A. Yes. C. Vou understand Guelcher is an expert C. You told me. C. You told me. C. You told me. C. You told me. C. You who put you in touch with Plaintiffs' C. How long was Dr. Guelcher up in C. You long did you meet with C. Who put you meet Dr. Guelcher up in C. Who put you in touch with Plaintiffs' C. Who put you meet br. Guelcher up in C. Who put you in touch with Plaintiffs' C. How long did you meet with C. Whow long did you meet with C. Whow long did you meet with C. Whow long did you meet with	4		4	Q. How many times have you met
with Dr. Blaivas?  A. I don't think so.  Q. Guelcher?  A. Yes, that's the  Q. That's the other Vanderbilt person,  A. Yes.  Q. That you're involved in in this  Collaborative project, correct?  A. Yes.  Q. You understand Guelcher is an expert  for the Plaintiffs?  Q. Why was he in Toronto?  A. We were discussing findings.  Q. So Dr. Guelcher flew up to your office in Toronto to discuss transvaginal mesh findings, correct?  A. Yes.  Q. Who paid for his plane ticket to get to your office in Toronto?  A. I don't know.  Q. You understand Guelcher is an expert  A. Now I do. You told me.  Q. Who put you in touch with Plaintiffs'  Q. How long was Dr. Guelcher up in Toronto when he came to see you?  A. Several hours.  Q. How long did you meet with	5	A. I don't think so.	5	Dr. Guelcher?
with Dr. Blaivas?  A. I don't think so.  Q. Guelcher?  A. Yes, that's the  10 A. Yes, that's the other Vanderbilt person,  11 Q. That you're involved in in this  12 collaborative project, correct?  A. Yes.  C. You understand Guelcher is an expert  18 for the Plaintiffs?  Q. Why was he in Toronto?  A. We were discussing findings.  10 A. We were discussing findings.  11 Q. So Dr. Guelcher flew up to your office in Toronto to discuss transvaginal mesh  12 in Toronto to discuss transvaginal mesh  13 A. Yes.  14 A. Yes.  15 Q. Who paid for his plane ticket to get  16 to your office in Toronto?  A. I don't know.  18 Q. How long was Dr. Guelcher up in  19 A. Now I do. You told me.  19 Toronto when he came to see you?  A. Several hours.  20 Q. Who put you in touch with Plaintiffs'  20 A. Several hours.  21 expert Guelcher?	6	Q. Did you ever have any conference calls	6	A. I believe one time.
9 Q. Why was he in Toronto? 10 A. Yes, that's the 11 Q. That's the other Vanderbilt person, 12 right? 13 A. Yes. 14 Q. That you're involved in in this 15 collaborative project, correct? 16 A. Yes. 17 Q. You understand Guelcher is an expert 18 for the Plaintiffs? 19 Q. Who put you in touch with Plaintiffs' 20 Q. Who pud did you meet with 21 Q. Who lad gould you meet with 22 Row Who was he in Toronto? 23 A. We were discussing findings. 24 A. We were discussing findings. 25 Q. So Dr. Guelcher flew up to your office in Toronto to discuss transvaginal mesh 26 A. Yes. 27 Q. Who paid for his plane ticket to get 28 to your office in Toronto? 29 A. I don't know. 20 Q. How long was Dr. Guelcher up in 29 A. Several hours. 20 Q. Who put you in touch with Plaintiffs' 20 A. Several hours. 21 expert Guelcher? 21 Q. How long did you meet with	7		7	Q. Where did you meet Dr. Guelcher?
A. Yes, that's the  Q. That's the other Vanderbilt person,  right?  A. Yes.  A. Yes.  A. Yes.  Collaborative project, correct?  A. I don't know.  Collaborative project, correct?  A. I don't know.  Collaborative project, correct?  A. I don't know.  Collaborative project, correct?  Collaborative project, correct?  A. I don't know.  Collaborative project, correct?  A. Several hours.  Collaborative project, correct?  Collaborative project, correct?  A. Yes.  Collaborative project, correct?  A. I don't know.  Collaborative project, correct?  A. I don't know.  Collaborative project, correct?  A. I don't know.  Collaborative project, correct?  A. Several hours.  Collaborative project, correct?  Collaborative project, correct?  Collaborative project, correct?  Collaborative project, correct?  Collaborative project	8	A. I don't think so.	8	A. He came to my office in Toronto.
11 Q. That's the other Vanderbilt person, 12 right? 13 A. Yes. 14 Q. That you're involved in in this 15 collaborative project, correct? 16 A. Yes. 17 Q. You understand Guelcher is an expert 18 for the Plaintiffs? 19 A. Now I do. You told me. 20 Q. Who put you in touch with Plaintiffs' 21 expert Guelcher? 20 Q. How long did you meet with 21 Q. So Dr. Guelcher flew up to your office in Toronto to discuss transvaginal mesh 22 G. Who paid for his plane ticket to get to your office in Toronto? 28 A. I don't know. 29 Q. How long was Dr. Guelcher up in 29 A. Several hours. 20 Q. Who put you in touch with Plaintiffs' 20 A. Several hours. 21 Q. How long did you meet with	9	Q. Guelcher?	9	Q. Why was he in Toronto?
right?  A. Yes.  Q. That you're involved in in this  collaborative project, correct?  A. Yes.  C. Yes.  Collaborative project, correct?  A. Yes.  Collaborative project, correct?  Collaborative proje	10	A. Yes, that's the	10	A. We were discussing findings.
13 A. Yes. 14 Q. That you're involved in in this 15 collaborative project, correct? 16 A. Yes. 17 Q. You understand Guelcher is an expert 18 for the Plaintiffs? 19 A. Now I do. You told me. 20 Q. Who put you in touch with Plaintiffs' 21 expert Guelcher? 21 findings, correct? 22 A. Yes. 24 A. Yes. 25 Q. Who paid for his plane ticket to get to your office in Toronto? 26 A. I don't know. 27 Q. How long was Dr. Guelcher up in Toronto when he came to see you? 28 A. Several hours. 29 Q. How long did you meet with	11	Q. That's the other Vanderbilt person,	11	Q. So Dr. Guelcher flew up to your office
Q. That you're involved in in this collaborative project, correct?  A. Yes.  C. Who paid for his plane ticket to get to your office in Toronto?  Q. You understand Guelcher is an expert for the Plaintiffs?  A. Now I do. You told me.  Q. Who put you in touch with Plaintiffs' Q. How long was Dr. Guelcher up in Toronto when he came to see you?  A. Several hours.  Q. How long did you meet with	12	right?	12	in Toronto to discuss transvaginal mesh
collaborative project, correct?  15 Q. Who paid for his plane ticket to get to your office in Toronto?  16 A. Yes.  17 Q. You understand Guelcher is an expert  18 for the Plaintiffs?  18 Q. How long was Dr. Guelcher up in  19 A. Now I do. You told me.  19 Toronto when he came to see you?  20 Q. Who put you in touch with Plaintiffs'  21 expert Guelcher?  22 Q. How long did you meet with	13	A. Yes.	13	findings, correct?
A. Yes.  Q. You understand Guelcher is an expert  for the Plaintiffs?  A. Now I do. You told me.  Q. Who put you in touch with Plaintiffs'  expert Guelcher?  16 to your office in Toronto?  A. I don't know.  Q. How long was Dr. Guelcher up in  Toronto when he came to see you?  A. Several hours.  Q. How long did you meet with	14	Q. That you're involved in in this	14	A. Yes.
17 Q. You understand Guelcher is an expert 18 for the Plaintiffs? 19 A. Now I do. You told me. 20 Q. Who put you in touch with Plaintiffs' 21 expert Guelcher? 21 A. I don't know. Q. How long was Dr. Guelcher up in Toronto when he came to see you? A. Several hours. 21 Q. How long did you meet with	15	collaborative project, correct?	15	
for the Plaintiffs?  18 Q. How long was Dr. Guelcher up in  19 A. Now I do. You told me.  20 Q. Who put you in touch with Plaintiffs'  21 expert Guelcher?  18 Q. How long was Dr. Guelcher up in  19 Toronto when he came to see you?  A. Several hours.  21 Q. How long did you meet with	16	A. Yes.	16	to your office in Toronto?
19 A. Now I do. You told me. 20 Q. Who put you in touch with Plaintiffs' 21 expert Guelcher?  19 Toronto when he came to see you? 20 A. Several hours. 21 Q. How long did you meet with	17		17	A. I don't know.
Q. Who put you in touch with Plaintiffs' 20 A. Several hours. 21 expert Guelcher? 21 Q. How long did you meet with	18		18	
21 expert Guelcher? 21 Q. How long did you meet with				-
	20		20	
I I		•		
	22			Dr. Guelcher when he came to see you in Toronto
23 attorneys with Motley Rice. 23 about transvaginal mesh?				
Q. Which attorney? 24 A. Maybe two hours.				
25 A. I don't remember. 25 Q. And you and Dr. Guelcher discussed	25	A. I don't remember.	25	Q. And you and Dr. Guelcher discussed

	Page 98		Page 100
1	transvaginal mesh during that meeting in	1	Q. In January of this year, 2014?
2	Toronto?	2	A. I believe it was January, yes. It
3	A. Yes.	3	wasn't that long ago. It was earliest December,
4	Q. And some of those meshes are from the	4	late February, sometime within that time frame.
5	mesh litigation, correct?	5	Q. Which mesh samples did you send to
6	A. Yes, some of them. Yes. But not all	6	Vanderbilt to the other Plaintiffs' experts?
7	of them.	7	A. It was not Ethicon.
8	Q. And have you been to Vanderbilt?	8	Q. Which ones were they?
9	A. No.	9	A. It was a sling, but not Ethicon.
10	Q. Are you planning to go see	10	Q. Which sling was it?
11	Dr. Guelcher?	11	A. I don't remember now. I have to see
12	A. Not at this time.	12	the recording which exactly. I remember it was
13	Q. Do you have any trips planned to see	13	a sling.
14	any other Plaintiffs' experts?	14	Q. You have a record of the sling that
15	A. Not at this time.	15	you did ship to the other Plaintiffs' experts in
16	Q. Do you have any plans to see any	16	Vanderbilt. As you sit here today, you don't
17	Plaintiffs' experts while you're here in Boston?	17	recall the type of sling?
18	A. No.	18	A. Yes.
19	Q. Are you going to go to New York City	19	Q. Was it a single sling you shipped to
20	and see Dr. Blaivas?	20	the other Plaintiffs' experts in Vanderbilt?
21	A. Not at this time.	21	A. It was multiple filaments.
22	Q. Before Plaintiffs' lawyers put you in	22	Q. What do you mean by "multiple
23	touch with Dr. Guelcher, you didn't know him at	23	filaments"?
24	all, correct?	24	A. Filaments were
25	A. No.	25	(Phone interruption.)
			(
	Page 99		Page 101
1	Q. No, I'm wrong; or yes, I'm correct?	1	BY MR. SNELL:
2	A. Yes, you're correct, I had not known	2	Q. Let me go back because we had an
3	him.	3	interruption.
4	Q. And Dr. Guelcher is the one who put	4	What do you mean by multiple filaments
5	you in touch with Dr. Dunn, correct?	5	which were shipped to the Plaintiffs' experts in
6	A. Yes.	6	Vanderbilt by you?
7	Q. And how did Dr. Guelcher put you in	7	A. The filaments were separated from the
8	touch with Dr. Dunn?	8	mesh, so I had to pick under microscope
9	A. We needed to discuss the protocol, how	9	filaments which were pulled out of the tissue
10	we supply the specimens, and how they are	10	without tissue. Because you need to do analysis
11	processed.	11	on the mesh which is free of tissue, have
12	Q. You just testified "we needed to	12	exposed surface, so I could do it.
13	discuss the protocol, how we supply the	13	Q. How did you pick the filaments out of
14	specimens, and how they are processed." What do	14	the mesh in the tissue?
15	you mean by that?	15	A. Use forceps and scalpel.
16	A. Because specimens were in my lab, I	16	Q. Did the other Plaintiffs' experts tell
17	needed to separate them, separate filaments, and	17	you how to pick the filaments out of the
18	ship them to Vanderbilt.	18	transvaginal mesh samples?
19	Q. Have you sent anything to Vanderbilt	19	A. No.
20	regarding the transvaginal mesh litigation?	20	Q. Is that something you devised on your
21	A. The samples.	21	own?
22	Q. The mesh samples?	22	A. Yes.
23	A. Yes.	23	Q. When you testified you had to work on
24	Q. When did you send the mesh samples?	24	this protocol regarding taking the filaments
25	A. I believe it was early this year.	25	out, what protocol are you talking about?

26 (Pages 98 to 101)

1 2 3 4 5 6 7 8	A. The question is the chemical composition of the surface. So filaments were either from a brand new mesh sling or specimens	1 2	avoid artifacts of fixation, or you try to avoid measuring chemical composition of the body
3 4 5 6 7	either from a brand new mesh sling or specimens		measuring chemical composition of the body
4 5 6 7	either from a brand new mesh sling or specimens		
5 6 7		3	parts. That's why you need clean filament not
6 7	which are from explanted mesh, and then	4	exposed to formalin. This provides you the
7	filaments can also be mechanically scratched to	5	cleanest protocol for the experiment.
	remove the degradation layer. So these are the	6	Q. And do you plan on doing this analysis
8	possibilities to create control samples and test	7	on the Ethicon TVT meshes?
0	samples.	8	A. No. I don't have a mesh which was
9	Q. And that's part of what you discussed	9	excised in this fashion from Ethicon.
10	with the Plaintiffs' experts from Vanderbilt,	10	Q. The multiple filaments that you
11	Dr. Dunn and Guelcher?	11	separated, was that from one mesh or multiple
12	A. Yes, but the I designed the	12	meshes?
13	protocol of excision and preparation.	13	A. From one mesh. One mesh.
14	Q. Did you bring that protocol with you	14	Q. Do you know the manufacturer of that
15	today?	15	mesh as you sit here today?
16	A. No, because it's not for this	16	A. No. I think I stated that I don't
17	litigation. I'm still concerned that I'm	17	remember.
18	disclosing this because it was for different	18	Q. Where did that mesh come from?
19	not within the Ethicon.	19	A. You mean who supplied the specimen?
20	Q. And this is you didn't send any	20	Q. Yes.
21	filaments to Drs. Dunn and Guelcher from the	21	A. It was part of litigation process, a
22	Ethicon TVT mesh?	22	litigation process, I don't remember which one,
23	A. No.	23	though.
24	Q. Why not?	24	Q. Was it sent by Steelgate to you?
25	A. Because I did not have a sample of	25	A. I don't remember that either. Because
	•		
	Page 103		Page 105
1	Ethicon mesh excised and not exposed to	1	I received specimens from at least two
2	formalin. I had a specific sample which	2	depositories, and Mueller Law directly. So
3	happened to be dry and tissue-free, this is rare	3	there was three sources, at least three sources.
4	occurrence. So if it's not exposed to formalin	4	Q. So there are at least three sources
5	you avoid artifacts of formalin, if it's pulled	5	where you get meshes from strike that.
6	out of tissue clean with the tissue you do not	6	There are at least three sources where
7	clean the filaments, so you avoid artifacts of	7	you get transvaginal meshes which are involved
8	tissue cleaning, therefore you measure exactly	8	in the litigation; one being Steelgate, correct?
9	what was in vivo.	9	A. Yes.
10	Q. So if there's been exposure to	10	Q. One being Mueller's law firm, correct?
11	formalin or if there's exposure to formalin,	11	A. Yes.
12	there could be artifacts from that?	12	Q. And the third is what?
13	A. There can be hypothesis that it can	13	A. Another depository, it's something
14	create artifacts.	14	Bio, but I don't remember exact name.
15	Q. You just testified there can be	15	Q. Do you know where this is it a
16	artifacts, correct?	16	company, Bio?
17	A. I did not say that there can be, but	17	A. It's a company.
18	possible. I think I testified possible.	18	Q. Are they in Canada, or the United
19	Q. And there can be artifacts from it	19	States?
20	when it's exposed to the body?	20	A. United States.
21	MR. FABRY: Objection to form.	21	Q. Where are they at?
22	BY MR. SNELL:	22	A. I don't remember.
	Q. Is that you testified to?	23	Q. Biosynthesis?
23		24	The state of the s
23 24	A. No. You test if the changes to	44	A. I don't remember. It was smaller

27 (Pages 102 to 105)

	Page 106		Page 108
1	Q. How many samples have you gotten from	1	St. Michael's for a patient who is involved in
2	Steelgate?	2	mesh litigation?
3	A. I can't tell you now. It's at least	3	A. No.
4	40, 50.	4	Q. How did you come to receive this
5	Q. Do you have a list somewhere of the	5	sample from St. Michael's then?
6	samples you received from Steelgate?	6	A. It's part of my job. I receive
7	A. I have a list of samples I have, and	7	specimens from patients. Just one of the
8	then there's information where they came from,	8	patients happened to have identified Ethicon
9	yes.	9	mesh. I mean there are others, I mean sometimes
10	Q. Do you have that did you bring that	10	I cannot identify which manufacturer, and it's
11	list today?	11	not recorded if it's inserted elsewhere. But
12	A. No.	12	for this specific, it was identified, and I
13	Q. The six TVT-O meshes, where did they	13	could verify it by blue color.
14	come from?	14	Q. What are the five different law firms
15	A. I would have to check.	15	that you receive the TVT-O meshes from?
16	Q. You don't have any documentation today	16	A. Repeat the question, please?
17	as to where they came from?	17	Q. Sure.
18	A. No.	18	I believe you testified you had gotten
19	Q. How many meshes did you get from	19	TVT-O meshes from five different law firms. Is
20	strike that.	20	that wrong?
21	How many of these transvaginal meshes	21	A. No, not five different law firms.
22	involved in litigation did you get from Mueller?	22	Q. So you got TVT-O meshes on five
23	A. At least one.	23	different Plaintiffs in this litigation
24	Q. Is that the best you can do?	24	involving Ethicon TVT meshes?
25	A. Ms. Edwards' came from there.	25	A. I examined six excised or explanted
	Page 107		Page 109
1	Q. Any others?	1	meshes with confirmed Ethicon brand: One of
2	A. From what I recall, I think others	2	this is Plaintiff for this litigation,
3	came from Steelgate. But again, I would have to	3	Ms. Edwards; four came from law firms, were sent
4	check with my records.	4	to me; and one was St. Michael's patient.
5	Q. Your records would document whether	5	Q. And the explant for Mrs. Edwards, that
6	they came from Mueller, Steelgate, or this other	6	came from the Plaintiffs' law firm?
7	company, correct?	7	A. Yes. It came from Mueller Law.
8	A. Yes. I have chain of custody forms.	8	Q. You have to speak up a little bit just
9	Six samples we are talking about; five from law	9	so she can hear you.
10	firms, one was St. Michael's Hospital patient.	10	A. Mueller Law.
11	So one sample wasn't within litigation process,	11	Q. Kulkarni, K-U-L-K-A-R-N-I, do you know
12	I just received it, and it was identified as	12	a Dr. Kulkarni?
13	Ethicon, and I could clearly see blue color of	13	A. No, I never heard his name.
14	the filaments.	14	Q. David Eberle?
15	Q. The one from St. Michael's, what	15	A. (Nodding in the negative).
16	patient is that? Is that in this litigation?	16	Q. Ron Luke.
17	A. I analyzed it, so I find features for	17	A. I didn't have any contacts with
18	Ethicon.	18	anybody else.
19	MR. FABRY: You're saying it's not	19	Q. Pandit?
20	litigation?	20	A. We listed everybody already. I mean
21	BY MR. SNELL:	21	all other researchers I collaborated were
	Q. That's what I'm asking, is it	22	outside the litigation process.
22	V. That's what I'll asking, is it		
22 23	litigation Is the St. Michael's strike	1 23	O So other than the Steede Blattac
23	litigation. Is the St. Michael's strike	23	Q. So other than Drs. Steege, Blaivas, Dunn, and Guelcher, all the other researchers
	litigation. Is the St. Michael's strike that.  Is the sample you received from	23 24 25	Q. So other than Drs. Steege, Blatvas, Dunn, and Guelcher, all the other researchers are not experts for the Plaintiffs?

28 (Pages 106 to 109)

	Page 110		Page 112
1	A. No. I stated I collaborated with	1	Dr. Bendavid was an expert for Plaintiffs in
2	Dr. Bendavid.	2	litigation involving hernia meshes?
3	Q. You didn't state that.	3	MR. FABRY: Objection. Form,
4	A. In this statement, that's how my	4	misquotes testimony.
5	involvement in the meshes. It's Page 1.	5	A. No. I didn't know about any
6	Q. You're aware Dr. Bendavid is an expert	6	litigation process until June of 2013.
7	for the Plaintiffs?	7	BY MR. SNELL:
8	A. For this specific? I'm not. I don't	8	Q. How did you come to learn about the
9	know.	9	litigation in June of 2013, as you claim?
10	Q. You're aware Dr. Bendavid is an expert	10	A. I think it all started with
11	for Plaintiffs in transvaginal mesh litigation?	11	Ms. Edwards.
12	A. For Ethicon litigation, I don't know.	12	Q. So from sometime in 2012 when you
13	Q. I'm not asking for Ethicon litigation.	13	contacted Dr. Bendavid up until June, 2013, you
14	If my question includes something	14	didn't know anything about mesh litigation, is
15	specific to for Ethicon litigation, then that's	15	that what you're testifying to?
16	what I mean. If my question doesn't include	16	MR. FABRY: Objection. Form,
17	that, it's broader. So	17	misquotes the testimony.
18	A. Then I	18	A. Yes.
19	Q. You know, you just told me you know	19	BY MR. SNELL:
20	Dr strike that.	20	Q. And how did you come to learn of the
21	You know Dr. R. Bendavid is an expert	21	mesh litigation in June of 2013?
22	for the Plaintiffs in mesh litigation, correct?	22	A. I received a specimen from
23	MR. McCONNELL: Objection.	23	Ms. Edwards, and two other specimens, and then
24	A. See, I know that he's not at least	24	I received them from Mueller Law, and then I
25	I'm not aware that he's an expert for this	25	processed them as routine diagnostic samples as
	Page 111		Page 113
1	specific litigation. If I tell you that I know	1	I would examine any other specimen. And they
2	that he is expert for other litigation, then I'm	2	asked me what findings I have. I stated what I
3	disclosing information which may be confidential	3	have and it was in my nament. And then they
4			have, and it was in my report. And then they
	to Dr. Bendavid, so we're back to the same	4	said "would you be able to be expert?"
5	question.	5	said "would you be able to be expert?"  Q. Do you know how many cases
6	question. BY MR. SNELL:	5 6	said "would you be able to be expert?"  Q. Do you know how many cases  Dr. Bendavid has looked at for the Plaintiffs in
6 7	question. BY MR. SNELL: Q. Dr. Bendavid is an expert in hernia	5 6 7	said "would you be able to be expert?"  Q. Do you know how many cases
6 7 8	question. BY MR. SNELL: Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct?	5 6 7 8	said "would you be able to be expert?"  Q. Do you know how many cases  Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know.
6 7	question. BY MR. SNELL: Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct? A. I don't know. He could have been in	5 6 7	said "would you be able to be expert?"  Q. Do you know how many cases  Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know.  Q. Do you know how much he's been paid?
6 7 8 9 10	question. BY MR. SNELL: Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct? A. I don't know. He could have been in the past. I don't know.	5 6 7 8 9	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is
6 7 8 9 10 11	question.  BY MR. SNELL:  Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct?  A. I don't know. He could have been in the past. I don't know.  Q. What is your understanding, who is	5 6 7 8 9 10	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert.
6 7 8 9 10 11	question.  BY MR. SNELL:  Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct?  A. I don't know. He could have been in the past. I don't know.  Q. What is your understanding, who is Dr. Bendavid an expert for?	5 6 7 8 9 10 11 12	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert. Q. Is Dr. Bendavid involved in this
6 7 8 9 10 11 12	question.  BY MR. SNELL:  Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct?  A. I don't know. He could have been in the past. I don't know.  Q. What is your understanding, who is Dr. Bendavid an expert for?  A. He's a surgeon. He contacted me to do	5 6 7 8 9 10 11 12 13	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert.  Q. Is Dr. Bendavid involved in this collaborative research project with Dr. Blaivas
6 7 8 9 10 11 12 13	question.  BY MR. SNELL:  Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct?  A. I don't know. He could have been in the past. I don't know.  Q. What is your understanding, who is Dr. Bendavid an expert for?  A. He's a surgeon. He contacted me to do research on hernia meshes for research purposes.	5 6 7 8 9 10 11 12 13 14	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert. Q. Is Dr. Bendavid involved in this collaborative research project with Dr. Blaivas and Steege and Dunn and Guelcher?
6 7 8 9 10 11 12 13 14	question.  BY MR. SNELL:  Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct?  A. I don't know. He could have been in the past. I don't know.  Q. What is your understanding, who is Dr. Bendavid an expert for?  A. He's a surgeon. He contacted me to do research on hernia meshes for research purposes.  Q. When did Dr. Bendavid contact you to	5 6 7 8 9 10 11 12 13 14 15	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert. Q. Is Dr. Bendavid involved in this collaborative research project with Dr. Blaivas and Steege and Dunn and Guelcher? A. No, because he is in hernia. These
6 7 8 9 10 11 12 13 14 15	question. BY MR. SNELL: Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct? A. I don't know. He could have been in the past. I don't know. Q. What is your understanding, who is Dr. Bendavid an expert for? A. He's a surgeon. He contacted me to do research on hernia meshes for research purposes. Q. When did Dr. Bendavid contact you to do this research on hernia meshes?	5 6 7 8 9 10 11 12 13 14 15	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert. Q. Is Dr. Bendavid involved in this collaborative research project with Dr. Blaivas and Steege and Dunn and Guelcher?  A. No, because he is in hernia. These specialists are in transvaginal. We may have
6 7 8 9 10 11 12 13 14	question. BY MR. SNELL: Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct? A. I don't know. He could have been in the past. I don't know. Q. What is your understanding, who is Dr. Bendavid an expert for? A. He's a surgeon. He contacted me to do research on hernia meshes for research purposes. Q. When did Dr. Bendavid contact you to do this research on hernia meshes? A. 2012.	5 6 7 8 9 10 11 12 13 14 15 16 17	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert.  Q. Is Dr. Bendavid involved in this collaborative research project with Dr. Blaivas and Steege and Dunn and Guelcher?  A. No, because he is in hernia. These specialists are in transvaginal. We may have names on our research papers because some
6 7 8 9 10 11 12 13 14 15	question.  BY MR. SNELL:  Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct?  A. I don't know. He could have been in the past. I don't know.  Q. What is your understanding, who is Dr. Bendavid an expert for?  A. He's a surgeon. He contacted me to do research on hernia meshes for research purposes.  Q. When did Dr. Bendavid contact you to do this research on hernia meshes?  A. 2012.  Q. What year? You said	5 6 7 8 9 10 11 12 13 14 15 16 17	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert.  Q. Is Dr. Bendavid involved in this collaborative research project with Dr. Blaivas and Steege and Dunn and Guelcher?  A. No, because he is in hernia. These specialists are in transvaginal. We may have names on our research papers because some features overlap just to have a broader
6 7 8 9 10 11 12 13 14 15 16 17 18	question.  BY MR. SNELL:  Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct?  A. I don't know. He could have been in the past. I don't know.  Q. What is your understanding, who is Dr. Bendavid an expert for?  A. He's a surgeon. He contacted me to do research on hernia meshes for research purposes.  Q. When did Dr. Bendavid contact you to do this research on hernia meshes?  A. 2012.  Q. What year? You said  A. 2012.	5 6 7 8 9 10 11 12 13 14 15 16 17 18	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert. Q. Is Dr. Bendavid involved in this collaborative research project with Dr. Blaivas and Steege and Dunn and Guelcher?  A. No, because he is in hernia. These specialists are in transvaginal. We may have names on our research papers because some features overlap just to have a broader discussion.
6 7 8 9 10 11 12 13 14 15 16 17	question. BY MR. SNELL: Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct? A. I don't know. He could have been in the past. I don't know. Q. What is your understanding, who is Dr. Bendavid an expert for? A. He's a surgeon. He contacted me to do research on hernia meshes for research purposes. Q. When did Dr. Bendavid contact you to do this research on hernia meshes? A. 2012. Q. What year? You said A. 2012. Q. What month of 2012 did Dr. Bendavid	5 6 7 8 9 10 11 12 13 14 15 16 17	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert.  Q. Is Dr. Bendavid involved in this collaborative research project with Dr. Blaivas and Steege and Dunn and Guelcher?  A. No, because he is in hernia. These specialists are in transvaginal. We may have names on our research papers because some features overlap just to have a broader discussion.  Q. What research papers are you
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	question.  BY MR. SNELL:  Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct?  A. I don't know. He could have been in the past. I don't know.  Q. What is your understanding, who is Dr. Bendavid an expert for?  A. He's a surgeon. He contacted me to do research on hernia meshes for research purposes.  Q. When did Dr. Bendavid contact you to do this research on hernia meshes?  A. 2012.  Q. What year? You said  A. 2012.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert. Q. Is Dr. Bendavid involved in this collaborative research project with Dr. Blaivas and Steege and Dunn and Guelcher?  A. No, because he is in hernia. These specialists are in transvaginal. We may have names on our research papers because some features overlap just to have a broader discussion.  Q. What research papers are you discussing or referencing?
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	question. BY MR. SNELL: Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct? A. I don't know. He could have been in the past. I don't know. Q. What is your understanding, who is Dr. Bendavid an expert for? A. He's a surgeon. He contacted me to do research on hernia meshes for research purposes. Q. When did Dr. Bendavid contact you to do this research on hernia meshes? A. 2012. Q. What year? You said A. 2012. Q. What month of 2012 did Dr. Bendavid	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert.  Q. Is Dr. Bendavid involved in this collaborative research project with Dr. Blaivas and Steege and Dunn and Guelcher?  A. No, because he is in hernia. These specialists are in transvaginal. We may have names on our research papers because some features overlap just to have a broader discussion.  Q. What research papers are you
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	question. BY MR. SNELL: Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct? A. I don't know. He could have been in the past. I don't know. Q. What is your understanding, who is Dr. Bendavid an expert for? A. He's a surgeon. He contacted me to do research on hernia meshes for research purposes. Q. When did Dr. Bendavid contact you to do this research on hernia meshes? A. 2012. Q. What year? You said A. 2012. Q. What month of 2012 did Dr. Bendavid contact you to do research on hernia meshes?	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert. Q. Is Dr. Bendavid involved in this collaborative research project with Dr. Blaivas and Steege and Dunn and Guelcher?  A. No, because he is in hernia. These specialists are in transvaginal. We may have names on our research papers because some features overlap just to have a broader discussion.  Q. What research papers are you discussing or referencing?
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	question. BY MR. SNELL: Q. Dr. Bendavid is an expert in hernia litigation for the Plaintiffs, correct? A. I don't know. He could have been in the past. I don't know. Q. What is your understanding, who is Dr. Bendavid an expert for? A. He's a surgeon. He contacted me to do research on hernia meshes for research purposes. Q. When did Dr. Bendavid contact you to do this research on hernia meshes? A. 2012. Q. What year? You said A. 2012. Q. What month of 2012 did Dr. Bendavid contact you to do research on hernia meshes? A. It was sometime in the second half. I	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	said "would you be able to be expert?"  Q. Do you know how many cases Dr. Bendavid has looked at for the Plaintiffs in mesh litigation?  A. I don't know. Q. Do you know how much he's been paid? A. I don't know. I don't know if he is an expert. Q. Is Dr. Bendavid involved in this collaborative research project with Dr. Blaivas and Steege and Dunn and Guelcher?  A. No, because he is in hernia. These specialists are in transvaginal. We may have names on our research papers because some features overlap just to have a broader discussion. Q. What research papers are you discussing or referencing? A. Future, what we can come up with. But

#### Page 114 Page 116 1 Q. Have you seen the results of any of 1 A. Yes. When I received the specimens, I 2 the testing that Drs. Dunn or Guelcher have 2 think I received one for hernia before -- I 3 performed on these filaments? 3 didn't know about the litigation. Then I 4 A. There was a very short communication, 4 received Ms. Edwards' for transvaginal mesh, 5 5 it was just e-mail, not something formal. still didn't know about the litigation. When I 6 Q. But do they tell you what their at 6 disclosed my findings to requesting law firms, I 7 least preliminary analyses were showing 7 suspected there might be litigation, but 8 regarding the filaments you sent them? 8 formally I didn't know. 9 A. Yes. I mean that was the e-mail, they 9 Then I became aware that there is a 10 measured some traces of this. I didn't go into 10 litigation when they asked me to be an expert. 11 11 So this was --12 Q. Were there any pictures, photographs, 12 Q. Well, you got Mrs. Edwards specimen 13 or diagrams of the spectral analyses done by 13 from a law firm, correct? Drs. Dunn and Guelcher in that e-mail? 14 14 A. Yes. I suspected it might be for 15 A. No. litigation, but it could have been just to 15 16 Q. When Dr. Ben -- is it your testimony 16 document what -- her planned litigation. 17 that Dr. Bendavid approached you to do work on 17 Because when you receive a specimen from a law 18 hernia meshes? 18 firm you suspect that there might be some A. Yes. 19 19 litigation. I didn't specifically ask. 20 Q. And is it your testimony under oath 20 Q. What; did the Mueller firm just send 21 that you didn't know that he was an expert for 21 you these specimens out of the blue? 22 Plaintiffs involved in hernia mesh? 22 A. I think the contacts were -- I don't 23 A. Yes, I didn't know. 23 actually remember how this whole contact. I 24 Q. So what did he say to you when he 24 don't remember. Possibly through contacts with 25 approached you? 25 Dr. Bendavid, then somebody else's contacts. Page 115 Page 117 1 A. All he said that there is -- there are 1 Q. You know Dr. Bendavid is involved with 2 two techniques to repair hernias, which is 2 Mueller Law Firm, do you know whether that --3 tension repair when you approximate tissue, and 3 A. See, if I know or I don't know, then I 4 then there is a mesh when you put a tension-free 4 discloses his confidential information. I don't 5 repair. So he believes that surgeons who are 5 know if I can give you. I might be able to give 6 6 skillful enough, they can repair hernia without you, but then again, I'm concerned about --7 7 mesh. And he sees more complications after O. This involves your work in the Ethicon 8 8 litigation. How did you come to get involved in meshes rather than without the mesh. But he 9 didn't understand exactly why it's painful or 9 the Ethicon litigation? 10 why other changes occur, and he proposed a 10 MR. FABRY: Objection. Argumentative. 11 project to look at it under microscope more 11 He's already testified that nothing to 12 carefully than usually is done. 12 do with Dr. Bendavid has anything to do with his 13 Then he supplied samples from patients 13 work in the Ethicon litigation. 14 outside of litigation, it wasn't litigation, 14 MR. SNELL: Actually he didn't say 15 just routine prospectively collected patients 15 that. 16 coming in to Shouldice Hospital. They were sent 16 BY MR. SNELL: as routine samples, they were processed as 17 Q. How did Mueller get your name? How 17 18 routine samples. 18 did Mueller Law Firm get your name? 19 19 Q. Now, I believe you earlier testified A. I don't know. I don't actually know. 20 that you learned of mesh litigation in June of 20 It's through Dr. Bendavid's contact, but who 2013, correct? 21 21 specifically gave my name, I don't know. Maybe 22 A. Yes. 22 he, maybe somebody else. 23 Q. And that's when you received a 23 Q. Do you have the letter of when they 24 specimen regarding Mrs. Edwards and some others 24 sent these specimens to you? 25 25 from Mueller Law, correct? A. I have chain of custody with some -- I

	Page 118		Page 120
1	mean I had contact with Mueller Law prior to	1	Q. Did you bring your Edwards file here
2	Ms. Edwards. There was another specimen for a	2	today?
3	hernia mesh.	3	A. But you have everything from
4	Q. When did you first have contact with	4	Q. No, no, no. That's not how it works
5	Mueller Law Firm?	5	here.
6	A. It was just before now I don't	6	Did you bring your Edwards file here
7	remember if it was Mueller Law. Ethicon came	7	to your deposition today?
8	from Mueller Law. First sample came as	8	A. No.
9	Ms. Edwards' came from Mueller Law. It was all	9	MR. McCONNELL: For the record, I'm
10	through some communication with Dr. Bendavid.	10	going to object to "that's not how it works."
11	Q. You were aware that Mueller's Law Firm	11	How it works is you ask questions, he answers
12	was sending you Mrs. Edwards' mesh before it	12	them.
13	arrived in Toronto in your office, correct?	13	MR. SNELL: How it works is we asked
14	A. Yes.	14	for materials to be brought to the deposition,
15	Q. You were anticipating that the	15	including the Edwards case file, he hasn't
16	Plaintiffs' lawyers were going to send you	16	brought it. I will tell you my experts bring
17	Mrs. Edwards' mesh specimen, correct?	17	their case files to their depositions.
18	A. Yes.	18	If you're objecting to him having to
19	Q. And how was it that you knew that the	19	produce the Edwards case file
20	mesh was going to be sent from the Mueller Law	20	MR. McCONNELL: I object to extraneous
21	Firm to you?	21	comments from you telling us how it work. We
22	A. I think it was e-mail. I don't	22	don't need to hear from you how it works.
23	remember. Could have been phone call, could	23	BY MR. SNELL:
24	have been e-mail.	24	Q. Why didn't you bring the Edwards case
25	Q. Did you bring here today the	25	file?
	Page 119		Page 121
1	documents, chain of custody, all of those	1	MR. FABRY: Just want to reiterate the
2	materials involving Mrs. Edwards' mesh?	2	objection to
3	A. No. But I believe you have chain of	3	A. Because you have everything that was
4	custody, because I think I sent it.	4	in the
5	Q. Do you have any e-mails about	5	MR. FABRY: Reiterating the objection
6	Mrs. Edwards' mesh showing what information was	6	that the deposition notice with the lengthy list
7	packaged with the mesh?	7	of requested items was served allegedly Friday
8	A. I didn't bring it because it was	8	and apparently filed Saturday.
9	exchange of information with lawyers, and again,	9	BY MR. SNELL:
10	I don't know if it's privileged, if I can	10	Q. Well, Doctor, we just finalized your
11	disclose that.	11	deposition plans late last week, didn't we?
12	Q. Was there a letter, cover letter that	12	A. I don't know when you finalized. What
13	came with the specimen? Strike that.	13	do you mean?
14	Was there a cover letter that came	14	Q. We just finalized the plans to have
15	with Mrs. Edwards' specimen?	15	your deposition here in Boston late last week,
	A. It was at least chain of custody.	16	correct?
16	Then I don't remember what was in the shipment.	17	A. Apparently.
16 17		I	
	Q. Do you have a file on Mrs. Edwards	18	<ul> <li>Q. You know I was ready to come to</li> </ul>
17		18 19	Q. You know I was ready to come to Toronto tomorrow to depose you?
17 18	Q. Do you have a file on Mrs. Edwards		· · · · · · · · · · · · · · · · · · ·
17 18 19	Q. Do you have a file on Mrs. Edwards that would have any correspondence from the	19	Toronto tomorrow to depose you?
17 18 19 20	Q. Do you have a file on Mrs. Edwards that would have any correspondence from the Plaintiffs' law firms transmitting you	19 20	Toronto tomorrow to depose you?  MR. FABRY: Objection. Argumentative. BY MR. SNELL:
17 18 19 20 21	Q. Do you have a file on Mrs. Edwards that would have any correspondence from the Plaintiffs' law firms transmitting you materials?	19 20 21	Toronto tomorrow to depose you?  MR. FABRY: Objection. Argumentative.
17 18 19 20 21 22	Q. Do you have a file on Mrs. Edwards that would have any correspondence from the Plaintiffs' law firms transmitting you materials?  A. Yes, I have my report, possible I	19 20 21 22	Toronto tomorrow to depose you?  MR. FABRY: Objection. Argumentative. BY MR. SNELL: Q. Do you know that?

	Page 122		Page 124
1	MR. FABRY: Objection.	1	meshes when you met with him in Chicago?
2	Q at your place?	2	A. No.
3	MR. FABRY: Relevance and	3	Q. Did Dr. Blaivas tell you about any
4	argumentative.	4	analyses or testing he had done with any meshes
5	A. I don't know. I was told that the	5	involved in the transvaginal mesh litigation
6	deposition is taking place here in Boston	6	during this meeting in Chicago?
7	Monday.	7	A. He described his findings, not just
8	BY MR. SNELL:	8	transvaginal meshes, his other approaches with
9	Q. Why are you here in Boston, besides	9	native tissue repair, and overall his
10	for the deposition?	10	impression.
11	A. No, just for the deposition.	11	MR. SNELL: Note to request funding
12	Q. Okay. So you weren't here on prior	12	sources and documentation regarding the project
13	business or meetings?	13	between Plaintiffs' experts.
14	A. No.	14	BY MR. SNELL:
15	Q. And all of your materials are in	15	Q. Is your lab bill to Plaintiffs'
16	Toronto?	16	lawyers separate from your billings?
17	A. Yes.	17	A. Yes. They bill their technical fees.
18	Q. Did you bring the Huskey file here	18	Q. What are their technical fees?
19	today?	19	A. Accession cases, clerical time, and
20	A. I didn't have anything of Huskey. I	20	then processing time for technologists, reagent
21	had only clinical records.	21	use. There are specific fees for each
22	Q. But you didn't bring those today,	22	procedure.
23	correct?	23	Q. Do you have a protocol for how the
24	A. No. I mean these are listed here.	24	mesh specimens are processed that are involved
25	Q. Did you look at any explants from	25	in litigation?
1	Page 123		Page 125
1	Mrs. Huskey?	1	A. Not specifically for litigation.
2	A. No.	2	It's as I said, I process them as routine
3	MR. SNELL: Make a note; request to	3	diagnostic samples, as I would any other.
4	produce all e-mails, communications between the	4	Q. Do you know how much your lab has
5	other Plaintiffs' experts and the doctor, the	5	billed Plaintiffs' experts?
6	protocol he referenced, his entire Huskey and	6	A. No.
7	Edwards files as received.	7	Q. You could get that information if you
8	BY MR. SNELL:	8	needed to?
9	Q. I'm not sure if I asked you this, but	9	A. Yes.
10	when you met with Dr. Blaivas in Chicago, do you	10	MR. SNELL: Note to request that.
11	know why he was in Chicago?	11	BY MR. SNELL:
12	A. I believe he was meeting someone from	12	Q. When you send bills for your work as a
13	Motley Rice. But I'm not sure.	13	Plaintiffs' expert, who do you send them to?
14	Q. That's	14	A. To my attorney.
15	A. Maybe he had other business and	15	Q. Which attorney would that be?
		16	A. Motley Rice.
16	meeting somebody.		O 107 1 41 44 43 43 43 43 43 43 43 43 43 43 43 43
16 17	Q. But he told you he was planning on	17	Q. Who is the attorney at Motley Rice who
16 17 18	Q. But he told you he was planning on meeting someone from Motley Rice?	17 18	you have had the most contact with?
16 17 18 19	<ul><li>Q. But he told you he was planning on meeting someone from Motley Rice?</li><li>A. Either him or somebody else, somebody</li></ul>	17 18 19	you have had the most contact with?  A. Dr. Margaret Thompson.
16 17 18 19 20	<ul><li>Q. But he told you he was planning on meeting someone from Motley Rice?</li><li>A. Either him or somebody else, somebody from Motley Rice, that they are meeting him. If</li></ul>	17 18 19 20	you have had the most contact with?  A. Dr. Margaret Thompson.  MR. SNELL: Note to request all
16 17 18 19 20 21	<ul> <li>Q. But he told you he was planning on meeting someone from Motley Rice?</li> <li>A. Either him or somebody else, somebody from Motley Rice, that they are meeting him. If it was specifically trip to meet someone, I</li> </ul>	17 18 19 20 21	you have had the most contact with?  A. Dr. Margaret Thompson.  MR. SNELL: Note to request all invoices.
16 17 18 19 20 21	Q. But he told you he was planning on meeting someone from Motley Rice?  A. Either him or somebody else, somebody from Motley Rice, that they are meeting him. If it was specifically trip to meet someone, I don't know, someone in Motley Rice, I don't	17 18 19 20 21 22	you have had the most contact with?  A. Dr. Margaret Thompson.  MR. SNELL: Note to request all invoices.  BY MR. SNELL:
16 17 18 19 20 21 22 23	Q. But he told you he was planning on meeting someone from Motley Rice?  A. Either him or somebody else, somebody from Motley Rice, that they are meeting him. If it was specifically trip to meet someone, I don't know, someone in Motley Rice, I don't know.	17 18 19 20 21 22 23	you have had the most contact with?  A. Dr. Margaret Thompson.  MR. SNELL: Note to request all invoices.  BY MR. SNELL:  Q. Number 11 asks for photographs or
16 17 18 19 20 21	Q. But he told you he was planning on meeting someone from Motley Rice?  A. Either him or somebody else, somebody from Motley Rice, that they are meeting him. If it was specifically trip to meet someone, I don't know, someone in Motley Rice, I don't	17 18 19 20 21 22	you have had the most contact with?  A. Dr. Margaret Thompson.  MR. SNELL: Note to request all invoices.  BY MR. SNELL:

	Page 126		Page 128
1	to your opinions in this case.	1	analyzed?
2	Now, you have some photographs or	2	A. Yes.
3	photomicrographs in your expert report, correct?	3	Q. And the same mesh that's in the
4	A. Yes.	4	original TVT is in the TVT-O, correct?
5	Q. And you may have taken others that are	5	A. Yes.
6	back at your office?	6	Q. Number 14, Exhibit Number 1, do you
7	A. Yes.	7	have any documents that are responsive to item
8	Q. But you don't have those here today,	8	number 14?
9	correct?	9	A. No. I mean this is a very long list.
10	A. No.		
11		10	Q. Let's skip to 15, because 15 is more
	MR. SNELL: So request those.	11	specific. I think we can handle 15.
12	BY MR. SNELL:	12	15 is all specimens, paraffin blocks,
13	Q. And those relate to your opinions in	13	slides, or other mediums, and all documents
14	this case, correct?	14	relating to the approximately 130 explanted mesh
15	A. Yes.	15	specimens referenced in your report in this
16	MR. McCONNELL: Objection.	16	case.
17	BY MR. SNELL:	17	So did you bring those materials to
18	Q. Any graphics, number 12 is any	18	the deposition?
19	graphics or charts prepared by you for use at	19	A. No, because some of well, all of
20	trial.	20	these patients are St. Michael's patient cases,
21	A. Repeat the question, please?	21	because once they enter St. Michael's system it
22	Q. Yes.	22	becomes St. Michael's case. So they belong to
23	Item number 12 asks for any graphics	23	St. Michael's, and there is a confidentiality
24	or charts prepared by you for use at trial. Do	24	behind each specimen.
25	you have any such documents?	25	What I can produce, I can produce the
	Page 127		Page 129
1	A Oh no I don't have anything	1	
1	A. Oh, no, I don't have anything.	1	samples where a patient consented for this
2	Q. 13 asks for any Ethicon products in	2	samples where a patient consented for this litigation, were those four remaining which I
2 3	Q. 13 asks for any Ethicon products in your possession.	2 3	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not
2 3 4	<ul><li>Q. 13 asks for any Ethicon products in your possession.</li><li>Do you have any Ethicon products?</li></ul>	2 3 4	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation
2 3 4 5	<ul><li>Q. 13 asks for any Ethicon products in your possession.</li><li>Do you have any Ethicon products?</li><li>A. Those I tested, yes, but they are</li></ul>	2 3 4 5	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I
2 3 4 5 6	<ul> <li>Q. 13 asks for any Ethicon products in your possession.</li> <li>Do you have any Ethicon products?</li> <li>A. Those I tested, yes, but they are opened now.</li> </ul>	2 3 4 5 6	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are
2 3 4 5 6 7	<ul> <li>Q. 13 asks for any Ethicon products in your possession.</li> <li>Do you have any Ethicon products?</li> <li>A. Those I tested, yes, but they are opened now.</li> <li>Q. Did you bring those Ethicon products</li> </ul>	2 3 4 5 6 7	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented
2 3 4 5 6 7 8	<ul> <li>Q. 13 asks for any Ethicon products in your possession.</li> <li>Do you have any Ethicon products?</li> <li>A. Those I tested, yes, but they are opened now.</li> <li>Q. Did you bring those Ethicon products that you opened and tested?</li> </ul>	2 3 4 5 6 7 8	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.
2 3 4 5 6 7 8 9	<ul> <li>Q. 13 asks for any Ethicon products in your possession.</li> <li>Do you have any Ethicon products?</li> <li>A. Those I tested, yes, but they are opened now.</li> <li>Q. Did you bring those Ethicon products that you opened and tested?</li> <li>A. No.</li> </ul>	2 3 4 5 6 7 8	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted
2 3 4 5 6 7 8 9	<ul> <li>Q. 13 asks for any Ethicon products in your possession.</li> <li>Do you have any Ethicon products?</li> <li>A. Those I tested, yes, but they are opened now.</li> <li>Q. Did you bring those Ethicon products that you opened and tested?</li> <li>A. No.</li> <li>Q. Do you still have those Ethicon</li> </ul>	2 3 4 5 6 7 8 9	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case,
2 3 4 5 6 7 8 9 10	<ul> <li>Q. 13 asks for any Ethicon products in your possession.</li> <li>Do you have any Ethicon products?</li> <li>A. Those I tested, yes, but they are opened now.</li> <li>Q. Did you bring those Ethicon products that you opened and tested?</li> <li>A. No.</li> <li>Q. Do you still have those Ethicon products that you opened and tested?</li> </ul>	2 3 4 5 6 7 8 9 10	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?
2 3 4 5 6 7 8 9 10 11	<ul> <li>Q. 13 asks for any Ethicon products in your possession.</li> <li>Do you have any Ethicon products?</li> <li>A. Those I tested, yes, but they are opened now.</li> <li>Q. Did you bring those Ethicon products that you opened and tested?</li> <li>A. No.</li> <li>Q. Do you still have those Ethicon products that you opened and tested?</li> <li>A. Yes.</li> </ul>	2 3 4 5 6 7 8 9 10 11	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13	<ul> <li>Q. 13 asks for any Ethicon products in your possession.</li> <li>Do you have any Ethicon products?</li> <li>A. Those I tested, yes, but they are opened now.</li> <li>Q. Did you bring those Ethicon products that you opened and tested?</li> <li>A. No.</li> <li>Q. Do you still have those Ethicon products that you opened and tested?</li> <li>A. Yes.</li> <li>MR. SNELL: So request to preserve,</li> </ul>	2 3 4 5 6 7 8 9 10 11 12 13	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.  Q. And is it your position that I'm
2 3 4 5 6 7 8 9 10 11 12 13 14	<ul> <li>Q. 13 asks for any Ethicon products in your possession.</li> <li>Do you have any Ethicon products?</li> <li>A. Those I tested, yes, but they are opened now.</li> <li>Q. Did you bring those Ethicon products that you opened and tested?</li> <li>A. No.</li> <li>Q. Do you still have those Ethicon products that you opened and tested?</li> <li>A. Yes.</li> <li>MR. SNELL: So request to preserve, request to produce.</li> </ul>	2 3 4 5 6 7 8 9 10 11 12 13 14	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.  Q. And is it your position that I'm not my client is not entitled to look at that
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. 13 asks for any Ethicon products in your possession.  Do you have any Ethicon products?  A. Those I tested, yes, but they are opened now.  Q. Did you bring those Ethicon products that you opened and tested?  A. No.  Q. Do you still have those Ethicon products that you opened and tested?  A. Yes.  MR. SNELL: So request to preserve, request to produce.  BY MR. SNELL:	2 3 4 5 6 7 8 9 10 11 12 13 14 15	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.  Q. And is it your position that I'm not my client is not entitled to look at that same material that you've looked at in the
2 3 4 5 6 7 8 9 10 11 12 13 14	Q. 13 asks for any Ethicon products in your possession.  Do you have any Ethicon products?  A. Those I tested, yes, but they are opened now.  Q. Did you bring those Ethicon products that you opened and tested?  A. No.  Q. Do you still have those Ethicon products that you opened and tested?  A. Yes.  MR. SNELL: So request to preserve, request to produce.  BY MR. SNELL:  Q. Please retain those products.	2 3 4 5 6 7 8 9 10 11 12 13 14	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.  Q. And is it your position that I'm not my client is not entitled to look at that same material that you've looked at in the formulation of your opinions?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. 13 asks for any Ethicon products in your possession.  Do you have any Ethicon products?  A. Those I tested, yes, but they are opened now.  Q. Did you bring those Ethicon products that you opened and tested?  A. No.  Q. Do you still have those Ethicon products that you opened and tested?  A. Yes.  MR. SNELL: So request to preserve, request to produce.  BY MR. SNELL:  Q. Please retain those products.  A. I do, yes. I retain everything.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.  Q. And is it your position that I'm not my client is not entitled to look at that same material that you've looked at in the formulation of your opinions?  A. Not in the form of confidential
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. 13 asks for any Ethicon products in your possession.  Do you have any Ethicon products?  A. Those I tested, yes, but they are opened now.  Q. Did you bring those Ethicon products that you opened and tested?  A. No.  Q. Do you still have those Ethicon products that you opened and tested?  A. Yes.  MR. SNELL: So request to preserve, request to produce.  BY MR. SNELL:  Q. Please retain those products.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.  Q. And is it your position that I'm not my client is not entitled to look at that same material that you've looked at in the formulation of your opinions?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. 13 asks for any Ethicon products in your possession.  Do you have any Ethicon products?  A. Those I tested, yes, but they are opened now.  Q. Did you bring those Ethicon products that you opened and tested?  A. No.  Q. Do you still have those Ethicon products that you opened and tested?  A. Yes.  MR. SNELL: So request to preserve, request to produce.  BY MR. SNELL:  Q. Please retain those products.  A. I do, yes. I retain everything.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.  Q. And is it your position that I'm not my client is not entitled to look at that same material that you've looked at in the formulation of your opinions?  A. Not in the form of confidential
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. 13 asks for any Ethicon products in your possession.  Do you have any Ethicon products?  A. Those I tested, yes, but they are opened now.  Q. Did you bring those Ethicon products that you opened and tested?  A. No.  Q. Do you still have those Ethicon products that you opened and tested?  A. Yes.  MR. SNELL: So request to preserve, request to produce.  BY MR. SNELL:  Q. Please retain those products.  A. I do, yes. I retain everything.  Q. And that was a TVT-O sling that you	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.  Q. And is it your position that I'm not my client is not entitled to look at that same material that you've looked at in the formulation of your opinions?  A. Not in the form of confidential information or material which either belongs to
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. 13 asks for any Ethicon products in your possession.  Do you have any Ethicon products?  A. Those I tested, yes, but they are opened now.  Q. Did you bring those Ethicon products that you opened and tested?  A. No.  Q. Do you still have those Ethicon products that you opened and tested?  A. Yes.  MR. SNELL: So request to preserve, request to produce.  BY MR. SNELL:  Q. Please retain those products.  A. I do, yes. I retain everything.  Q. And that was a TVT-O sling that you tested?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.  Q. And is it your position that I'm not my client is not entitled to look at that same material that you've looked at in the formulation of your opinions?  A. Not in the form of confidential information or material which either belongs to other litigations or belongs to St. Michael's
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. 13 asks for any Ethicon products in your possession.  Do you have any Ethicon products?  A. Those I tested, yes, but they are opened now.  Q. Did you bring those Ethicon products that you opened and tested?  A. No.  Q. Do you still have those Ethicon products that you opened and tested?  A. Yes.  MR. SNELL: So request to preserve, request to produce.  BY MR. SNELL:  Q. Please retain those products.  A. I do, yes. I retain everything.  Q. And that was a TVT-O sling that you tested?  A. TVT and TVT-O use the same mesh. Yes,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.  Q. And is it your position that I'm not my client is not entitled to look at that same material that you've looked at in the formulation of your opinions?  A. Not in the form of confidential information or material which either belongs to other litigations or belongs to St. Michael's Hospital.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. 13 asks for any Ethicon products in your possession.  Do you have any Ethicon products?  A. Those I tested, yes, but they are opened now.  Q. Did you bring those Ethicon products that you opened and tested?  A. No.  Q. Do you still have those Ethicon products that you opened and tested?  A. Yes.  MR. SNELL: So request to preserve, request to produce.  BY MR. SNELL:  Q. Please retain those products.  A. I do, yes. I retain everything.  Q. And that was a TVT-O sling that you tested?  A. TVT and TVT-O use the same mesh. Yes, it was TVT-O.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.  Q. And is it your position that I'm not my client is not entitled to look at that same material that you've looked at in the formulation of your opinions?  A. Not in the form of confidential information or material which either belongs to other litigations or belongs to St. Michael's Hospital.  Q. How many of the 130 explanted mesh
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. 13 asks for any Ethicon products in your possession.  Do you have any Ethicon products?  A. Those I tested, yes, but they are opened now.  Q. Did you bring those Ethicon products that you opened and tested?  A. No.  Q. Do you still have those Ethicon products that you opened and tested?  A. Yes.  MR. SNELL: So request to preserve, request to produce.  BY MR. SNELL:  Q. Please retain those products.  A. I do, yes. I retain everything.  Q. And that was a TVT-O sling that you tested?  A. TVT and TVT-O use the same mesh. Yes, it was TVT-O.  Q. Are you looking at Page 33 of your	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.  Q. And is it your position that I'm not my client is not entitled to look at that same material that you've looked at in the formulation of your opinions?  A. Not in the form of confidential information or material which either belongs to other litigations or belongs to St. Michael's Hospital.  Q. How many of the 130 explanted mesh specimens are involving litigation?  A. At least 70.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. 13 asks for any Ethicon products in your possession.  Do you have any Ethicon products?  A. Those I tested, yes, but they are opened now.  Q. Did you bring those Ethicon products that you opened and tested?  A. No.  Q. Do you still have those Ethicon products that you opened and tested?  A. Yes.  MR. SNELL: So request to preserve, request to produce.  BY MR. SNELL:  Q. Please retain those products.  A. I do, yes. I retain everything.  Q. And that was a TVT-O sling that you tested?  A. TVT and TVT-O use the same mesh. Yes, it was TVT-O.  Q. Are you looking at Page 33 of your report, Doctor?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	samples where a patient consented for this litigation, were those four remaining which I received from law firm and other samples, not St. Michael's, and not for this litigation belong to other litigation processes. So I think we are limited to only those which are within this litigation because patient consented to be exposed and the samples.  Q. Well, you're relying on 130 explanted mesh specimens for your opinions in this case, correct?  A. Yes.  Q. And is it your position that I'm not my client is not entitled to look at that same material that you've looked at in the formulation of your opinions?  A. Not in the form of confidential information or material which either belongs to other litigations or belongs to St. Michael's Hospital.  Q. How many of the 130 explanted mesh specimens are involving litigation?

them into the St. Michael's system?  A. Yes. Q. These aren't referrals from treating doctors to you, correct? A. No. C. These are Plaintifs' lawyers who send Q. These are Plaintifs' lawyers who send St. Michael's system, correct?  A. Yes. C. And none of these Plaintifs' treating doctors sent any of these litigation specimens arranged to be sent to you, in which you then put into the St. Michael's system, correct?  D. A. Yes. C. And none of these Plaintifs' treating doctors sent any of these litigation specimens to you for the purpose of rendering any analyses on their behalf, correct?  M. F. ABRY. Objection. Form, speculation.  A. You mean directly from patients—from treating physiciam to me?  BY MR. SNELL: C. Q. Yes. C. A. Some, I believe, came directly — 1 C. A. Some, I believe, came directly — 1 C. A. Wish have standard operating procedures. C. A. Yes. All singht. Flaw firms, but they came directly from the treating physiciam. C. Q. Yes. C. A. Yes. All samples which come to St. Michael's to me for analysis are being entired into St. Michael's system. C. A. Yes. All samples which come to St. Michael's to me for analysis are being in ifsuartion reacting procedures.  Page 131  D. J. Look at item number 17.  A. Yes. Satisfand queriant physiciam to me?  Page 131  D. J. Look at item standard protectors of the handling, processing, statining, analysis, or testing of the approximately 130 explanted mesh specimens?  A. Yes. All smples which come to St. Michael's to me for analysis are being entered into St. Michael's system. C. A. Yes. All samples which come to St. Michael's to me for analysis are being entered into St. Michael's system. C. J. Including the 70 at least that are involved in litigation.  D. J. Look at item number 16.  A. Yes. So Sandard operating procedures that were applied to the 130 explanted mesh specimens?  Page 131  Page 133  Page 133  Page 134  Page 135  Page 136  Page 137  Page 137  Page 138  Page 139  Page 139  Page 139  Page 139  Page 131  Page 139  Page 131  Page 139  Page 131  Page 139  Pag		Page 130		Page 132
2 A. Yes. 3 Q. These aren't referrals from treating doctors to you, correct? 4 A. No. 5 C. These are Plaintiffs' lawyers who send you specimens, or have specimens arranged to be sent to you, in which you then put into the sent to you, in which you then put into the St. Michael's system, correct? 10 A. Yes. 11 Q. And none of these Plaintiffs' treating doctors sent any of these litigation specimens to you for the pupose of rendering any analyses on their behalf, correct? 12 MR. FABRY: Objection. Form, 15 ms. A. You mean directly from patients — 16 separation to mere the ones that you put into the St. Michael's system? 12 A. Some, I believe, came directly — I winds they were requested by law firms, but they came directly from the treating physicians. 14 Q. All right. The law firms, Plaintiffs' 24 ms. A. Yes. All samples who are involved in the mesh litigation about them, but patients didn't consent to participate in litigation processes. 14 Q. And none of these Plaintiffs' treating doctors sent any of these litigation processes of their information regarding their explants? 15 MR. FABRY: Objection. Form, 15 ms. Plaintiffs' 16 ms. Plaintiffs' treating physician to me? 16 ms. Plaintiffs' treating doctors sent any of these litigation explants, and they were then sent to you, correct? 2 A. Yes. That's my understanding that all of the putients who are involved in the mesh litigation consented to the release of their information regarding their explants? 2 A. Yes. That's my understanding. A. Yes. That's my understanding that — strike that. If the patients who are involved in the ms. Plaintiffs' treating doctors sent any of the Pupotae of their information regarding their explants? 2 A. Yes. That's my understanding that all of the putients who are involved in the mesh specimens referenced in your report." 3 A. Yes. That's my understanding. The putients who are involved in the mesh specimens referenced in your report." 3 A. Yes. So cach sample the readily protectors for my lab. 3 Q. Load at tiem number 16. 4 A. Yes. So ca	1	them into the St. Michael's system?	1	for the litigations, or they're St. Michael's
doctors to you, correct?  A. No.  O. These are Plaintiffs' lawyers who send you specimens, or have specimens arranged to be sent to you, in which you then put into the St. Michael's system, correct?  O. And none of these Plaintiffs' treating doctors sent any of these Diligation specimens to you for the purpose of rendering any analyses on their behalf, correct?  MR. FABRY: Objection. Form, speculation.  A. You mean directly from patients— fight metantic physician to me?  MR. FABRY: Objection. Form, speculation.  A. You mean directly from patients— fight metantic physician to me?  MR. FABRY: Objection between the sent to you, work the treating physicians.  A. Some, I believe, came directly—I think they were requested by law firms, but they accommodated the treating physicians.  A. Yes.  O. All right. The law firms, plaintiffs' pour uncert?  A. Yes.  O. And hone of these Plaintiffs' treating doctors sent any of these Diligation consented to the release of their information about them, but patients is it your understanding that –strike that. If your understanding that –strike that. If your understanding that all of the patients who are involved in the mesh litigation consented to the release of their information regarding their explants?  A. Yes. That's my understanding, to the patients who are involved in the mesh litigation consented to the release of their information regarding their explants?  A. Yes. That's my understanding that all of the patients who are involved in the mesh litigation consented to the release of their information regarding their explants?  A. Yes. A. Yes the patients who are involved in the mesh litigation consented to the release of their information regarding their explants?  A. Yes. A. Yes and and redeveloped regarding to testing of the approximately 130 explanted mesh specimens referenced in your report."  A. We have standard operating procedures.  Q. Standard operating procedures that vere applied to the 130 explanted mesh specimens?  A. Yes. A. Yes. A. Yes. A. Yes. A. Yes. A. Yes. A.	2		2	
doctors to you, correct?  A. No.  O. These are Plaintiffs' lawyers who send you specimens, or have specimens arranged to be sent to you, in which you then put into the St. Michael's system, correct?  O. And none of these Plaintiffs' treating doctors sent any of these Diligation specimens to you for the purpose of rendering any analyses on their behalf, correct?  MR. FABRY: Objection. Form, speculation.  A. You mean directly from patients— fight metantic physician to me?  MR. FABRY: Objection. Form, speculation.  A. You mean directly from patients— fight metantic physician to me?  MR. FABRY: Objection between the sent to you, work the treating physicians.  A. Some, I believe, came directly—I think they were requested by law firms, but they accommodated the treating physicians.  A. Yes.  O. All right. The law firms, plaintiffs' pour uncert?  A. Yes.  O. And hone of these Plaintiffs' treating doctors sent any of these Diligation consented to the release of their information about them, but patients is it your understanding that –strike that. If your understanding that –strike that. If your understanding that all of the patients who are involved in the mesh litigation consented to the release of their information regarding their explants?  A. Yes. That's my understanding, to the patients who are involved in the mesh litigation consented to the release of their information regarding their explants?  A. Yes. That's my understanding that all of the patients who are involved in the mesh litigation consented to the release of their information regarding their explants?  A. Yes. A. Yes the patients who are involved in the mesh litigation consented to the release of their information regarding their explants?  A. Yes. A. Yes and and redeveloped regarding to testing of the approximately 130 explanted mesh specimens referenced in your report."  A. We have standard operating procedures.  Q. Standard operating procedures that vere applied to the 130 explanted mesh specimens?  A. Yes. A. Yes. A. Yes. A. Yes. A. Yes. A. Yes. A.	3	Q. These aren't referrals from treating	3	since I've been interested, I've been collecting
5 A. No. 6 Q. These are Plaintiffs' lawyers who send 7 you specimens, or have specimens arranged to be 8 sent to you, in which you then put into the 9 St. Michael's system, correct? 10 A. Yes. 11 Q. And none of these Plaintiffs' treating 12 doctors sent any of these Plaintiffs' treating 13 doctors sent any of these Plaintiffs' treating 14 on their behalf, correct? 15 MR. FABRY: Objection. Form, 16 speculation. 16 speculation. 17 A. You man directly from patients — 18 from treating physician to me? 18 BY MR. SNELL: 19 BY MR. SNELL: 20 Q. Yes. 21 A. Some, I believe, came directly — I 22 think they were requested by law firms, but they 23 came directly from the treating physicians. 24 Q. All right. The law firms, Plaintiffs' 25 law firms made the requests in all of these  Page 131  1 litigation oxplants, and they were then sent to 2 you, correct? 3 A. Yes. 4 Q. And those are the ones that you put 4 into the St. Michael's system? 4 Q. And those are the ones that you put 5 into the St. Michael's system? 5 A. Yes. 10 Litigation oxplants and they were then sent to 2 you, correct? 3 A. Yes. 4 Q. And those are the ones that you put 5 into the St. Michael's system? 6 A. Yes. All samples which come to 7 St. Michael's to me for analysis are being 8 entered into St. Michael's system? 10 Q. Including the date of birth, type of 15 protocolar in the St. Michael's system. 10 Q. Including the date of birth, type of 15 procedure, type of mesh, because they come 16 directly from they or hat are involved in litigation. 17 A. Yes. 18 is thered in the St. Michael's system. 19 Q. Look at item number 16. 20 A. Yes. 21 Q. O Do you have any materials responsive 22 to item number 16. 23 A. Yes. 24 C. On by un have any materials responsive 25 to item number 16. 26 A. Yes. 27 Q. Do you have any materials responsive 28 to item number 16. 29 Q. Look at item number 16. 20 A. Yes. 21 Q. On you have any materials responsive 22 to item number 16. 23 A. Yes. 24 C. A. It's a song list again. But again, 25 the same problem, it's paraffin blocks, the	4		4	information about them, but patients didn't
6 Q. Well, how many of the 70 patients is it your understanding that — strike that. 8 sent to you, in which you then put into the 9 St. Michael's system, correct? 11 Q. And none of these Plaintiffs' treating doctors sent any of these flitigation specimens to you for the purpose of rendering any analyses on their behalf, correct? 11 Q. And none of these Plaintiffs' treating doctors sent any of these flitigation specimens to you for the purpose of rendering any analyses on their behalf, correct? 14 A. Yes. That's my understanding, their explants? 15 MR. FABRY: Objection. Form, 15 speculation. 16 speculation. 17 A. You mean directly from patients—16 speculation. 18 from treating physician to me? 19 BY MR. SNELL: 20 Q. Yes. 21 A. Some, I believe, came directly—1 22 think they were requested by law firms, but they came directly from the treating physicians. 24 Q. All right. The law firms, Plaintiffs' 25 law firms made the requests in all of these  Page 131 1 litigation explants, and they were then sent to you, correct? 22 A. Yes. All samples which come to St. Michael's system. I cannot order a stain, or cannot do anything, unless its entered into St. Michael's system. I cannot order a stain, or cannot do anything, unless its entered in the St. Michael's system. I cannot order a stain, or cannot do anything, unless its entered in the St. Michael's system. I cannot order a stain, or cannot do anything, unless its entered in the St. Michael's system. I cannot order a stain, or cannot do anything, unless its entered in the St. Michael's system. I cannot order a stain, or cannot do anything, unless its entered in the St. Michael's system. I cannot order a stain, or cannot do anything, unless its entered in the St. Michael's system. I cannot order a stain, or cannot do anything, unless its entered in the St. Michael's system. I cannot order a stain, or cannot do anything, unless its entered in the St. Michael's system. I cannot order a stain, or cannot do anything, unless its entered in the St. Michael's system. I cannot	5	•	5	
you specimens, or have specimens arranged to be sent to you, in which you then put into the sent to you, in which you then put into the sent to you, in which you then put into the sent to you, for the purpose of rendering any analyses to not their behalf, correct?  A. Yes.  A. Yes.  MR. FABRY: Objection. Form, speculation.  A. You man directly from patients—from treating physician to me?  BY MR. SNELL:  Q. Ar Yes.  A. You were an directly from patients—from treating physician to me?  BY MR. SNELL:  Q. Yes.  Lathink they were requested by law firms, but they came directly from the treating physicians.  A. Yes.  A. Yes	6		6	
sent to you, in which you then put into the  St. Michael's system, correct?  A. Yes.  Q. And none of these Plaintiffs' treating doctors sent any of these litigation specimens to you for the purpose of rendering any analyses on their behalf, correct?  A. Yes.  MR. FABRY: Objection. Form, speculation.  A. You mean directly from patients— from treating physician to me?  Page 131  I litigation coxplants, and they were then sent to you, correct?  A. Yes. All samples which come to St. Michael's system?  A. Yes. All samples which come to order a stain, or cannot do anything, unless it's entered in to St. Michael's system. Q. C. Including the 70 at least that are involved in the resting physicians to me? A. Yes. Q. On boy ou was any materials responsive to item number 16. A. Yes. Q. Do you have any materials responsive to item number 16. A. Yes. Q. Do you have any materials responsive to item number 16. A. Yes. Q. Do you have any materials responsive to item number 16. A. Yes. Q. Do you have any materials responsive to item number 16. A. Yes. Q. Do you have any materials responsive to item number 16. A. Yes. Q. Do you have any materials responsive to item number 16. A. Yes. Q. Do you have any materials responsive to item number 16. A. Yes. Q. Do you have any materials responsive to item number 16? A. Yes.	7		7	· · · · · · · · · · · · · · · · · · ·
9 St. Michael's system, correct? 10 A. Yes. 11 Q. And none of these Plaintiffs' treating doctors sent any of these litigation specimens to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you use, have used, or have developed regarding the handling, processing, staining, analysis, or testing of the approximately 130 explanated mesh specimens referenced in your report."  A. Yes and and the your report were fixed of the your report were applied to the 130 explanted mesh specimens?  A. Yes.  Page 131  Page 133  Page 133  Page 133  Page 133  I alb.  Q. And those are the ones that you put into the St. Michael's system?  A. Yes. All samples which come to St. Michael's system. I cannot order a stain, or cannot do anything, unless it sentered in the St. Michael's system. I cannot order a stain, or cannot do anything, unless it is entered in the St. Michael's system. I cannot order a stain, or cannot do anything, unless it is entered in the St. Michael's system. I cannot order a stain, or cannot do anything, unless it is entered in the St. Michael's system. I cannot order a stain, or cannot do anything, unless it is entered in the St. Michael's system. I cannot order a stain, or cannot do anything, unless it is entered in the St. Michael's system. I cannot order a stain, or cannot do anything, unles				
10 A. Yes. 11 Q. And none of these Plaintiffs' treating 12 doctors sent any of these litigation specimens 13 to you for the purpose of rendering any analyses 14 on their behalf, correct? 15 MR. FABRY: Objection. Form, 16 speculation. 16 speculation. 17 A. You mean directly from patients— 18 from treating physician to me? 19 BY MR. SNELL: 20 Q. Yes. 21 A. Some, I believe, came directly – I think they were requested by law firms, but they came directly from the treating physicians. 22 Q. All right. The law firms, Plaintiffs' 23 A. Yes. 24 Q. And those are the ones that you put into the St. Michael's system. 25 I and the St. Michael's system. 26 A. Yes. All samples which come to sit's entered into St. Michael's system. 27 Q. Including the 70 at least that are involved in litigation? 28 entered into St. Michael's system. 29 order a stain, or cannot do anything, unless it's entered in the St. Michael's system. 21 Q. Including the 70 at least that are involved in litigation? 22 A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from — they're not altered by storage facilities, so they come exactly like I would receive it from a physician. 29 Q. Do you have any materials responsive to item number 16? 20 A. Yes. 21 Q. Do you have any materials responsive to item number 16? 22 A. It's a long list again. But again, the same problem, it's paraffin blocks, they 24 litigation consented to the roleasted in formation regarding their explants?  A. Yes. That's my understanding. A. Yes. That's my understanding. A. Yes. That's my understanding. A. Yes. That's my understanding the handling, che swe we doe itesting, analysis, or testing of the approximately 130 explanted mesh specimens referenced in your report."  A. Yes. Oy Undon't have those standard operating procedures today, correct? A. No. Large binders. Q. Number 18 asks for "Any protocol rela				
11 Q. And none of these Plaintiffs' treating doctors sent any of these litigation specimens to you for the purpose of rendering any analyses on their behalf, correct?  14 MR. FABRY: Objection. Form, 15 MR. FABRY: Objection. Form, 16 speculation. A. You mean directly from patients — 16 from treating physician to me? 18 MY. MR. SNELL: 19 MY. SNELL: 19				
doctors sent any of these litigation specimens to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you for the purpose of rendering any analyses to you feet the purpose of rendering any analyses to the purpose of rendering any analyses to you feet purpose of rendering any analyses to the purpose of rendering any analyses to the purpose of rendering any analyses to you feet purpose of rendering any analyses to the purpose of rendering any analyses to the purpose of rendering any analyses to the purpose of rendering any analyses to you so the purpose of rendering any analyses to the shadding, processing, staining, analysis, or testing of the approximately 130 explanted mesh specimens referenced in your report."  A. You mean directly from patients 17  BYMR. SNELL: 19  Q. Yes. 20  Q. Yes. 20  Q. Yes. 20  A. We have standard operating procedures. 40  Q. Standard operating procedures that were applied to the 130 explanted mesh specimens?  A. Yes, they apply to any specimen in the 20  Page 131  Page 131  Page 133  I litigation explants, and they were then sent to you, correct?  A. Yes, they apply to any specimen in the 20  Q. You don't have those standard operating procedures today, correct?  A. No. Large binders.  Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  Fage 131  Page 131  Page 133  Page 133  Page 134  Page 135  Page 136  Q. You don't have those standard operating procedures today, correct?  A. No. Large binders.  Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  First of all, is there such a protocol? And if so – first of all, is there such a protocol? And if so – first of all, is there suc				9
to you for the purpose of rendering any analyses on their behalf, correct?  MR. FABRY: Objection. Form,  Speculation.  A. You mean directly from patients  from treating physician to me?  BY MR. SNELL:  O. Yes.  A. Some, I believe, came directly -1  think they were requested by law firms, but they came directly from the treating physicians.  Q. All right. The law firms, Plaintiffs'  a. We shad and the requests in all of these  Page 131  I litigation explants, and they were then sent to you, correct?  A. Yes.  Q. And those are the ones that you put into the St. Michael's system?  A. Yes. All samples which come to St. Michael's system.  Q. Including the 70 at least that are involved in litigation?  A. Yes. So cach sample comes with patient identifier, with date of birth, type of directly from - they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  A. Yes.  Q. Look at item number 17. "Any protocol you use, have used, or have developed regarding the handling, recessing, staking, analysis, or the stating, analysis, or the standing and you use, have used, or have developed regarding the handling, processing, staining, analysis, or the standing and your report."  A. It's and preventing procedure is atmand or viring?  A. Yes.  Q. Yes.  A. Yes a standard - it's standard protocols for my lab.  Q. Are those in writing?  A. We have standard operating procedures that were applied to the 130 explanted mesh specimens?  A. Yes, they apply to any specimen in the specimens?  A. Yes, they apply to any specimen in the operating procedures today, correct?  A. No. Large binders.  Q. You don't have those standard operating procedures today, correct?  A. No. Large binders.  Q. You don't have those standard operating procedures today correct?  A. No. Large binders.  Q. You be a visual operating procedures today correct?  A. No. Large binders.  Q. You don't have those standard operating procedures today, correct?  A. No. Large binders.  Q. You don't have those standard operating pro		· · · · · · · · · · · · · · · · · · ·		
on their behalf, correct?  MR, FABRY: Objection. Form, 16 speculation. 16 speculation. 16 speculation. 16 speculation. 16 A. You mean directly from patients 17 Rom treating physician to me? 18 BYMR. SNELL: 19 O. Yes. 20 A. Some, I believe, came directly 1 21 think they were requested by law firms, but they 22 came directly from the treating physicians. 24 Q. All right. The law firms, Plaintiffs' 24 law firms made the requests in all of these 25 law firms made the requests in all of these 25 litigation explants, and they were then sent to 2 you, correct? 27 A. Yes, they apply to any specimen in the 29 A. Yes, All samples which come to 3 A. Yes. All samples which come to 6 G. St. Michael's system? 5 C. A. Yes. All samples which come to 6 G. St. Michael's system. 1 cannot order a stain, or cannot do anything, unless it's entered in the St. Michael's system. 10 C. Including the 70 at least that are 11 involved in litigation? 12 involved in litigation? 13 A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician. 12 O. Do you have any materials responsive to item number 16? 20 A. Yes. Ob oyou have any materials responsive to item number 16? 20 A. It's a long list again. But again, 24 the same problem, it's paraffin blocks, they 24  In the handling, processing, tatanial, steptia, testing, or hardy in special mesh specimens referenced in your report."  Last a standard - it's standard perating procedures. A. It's a long list again. But again, 24  A. We have standard operating procedures were applied to the 130 explanted mesh specimens. 25  A. Yes, they apply to any specimen in the 21  A. Yes, they apply to any specimen in the 21  Page 133    Jab.   Q. You don't have those standard operating procedures that were applied to the 130 explanted mesh specimens? 24    A. No. Large binders.   Q. Number 18 asks for "Any protocol relatin				
the handling, processing, staining, analysis, or testing of the approximately 130 explanted mesh speculation.  A. You mean directly from patients  from treating physician to me?  BY MR. SNELL:  PBY MR. SNELL:  A. Some, I believe, came directly I  think they were requested by law firms, but they came directly from the treating physicians.  Q. All right. The law firms, but they came directly from the treating physicians.  A. Yes,  Q. All right. The law firms, but they came directly from the treating physicians.  A. Yes,  Q. All right. The law firms, but they came directly from the treating physicians.  A. Yes,  A. Yes, they apply to any specimen in the specimens?  A. Yes, they apply to any specimen in the specimens?  A. Yes, they apply to any specimen in the specimens?  A. Yes, they apply to any specimen in the specimens?  A. Yes, they apply to any specimen in the specimens?  A. Yes, they apply to any specimen in the specimens?  A. Yes, they apply to any specimen in the specimens?  A. Yes, they apply to any specimen in the specimens?  A. Yes, they apply to any specimen in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens in the specimens?  A. Yes, they apply to any specimens apply to any specimens in the specimens?  A. Yes, they apply to any specimen				· -
speculation.  A. You mean directly from patients BYMR. SNELL:  Q. Yes.  1. A. Some, I believe, came directlyI think they were requested by law firms, but they came directly from the treating physicians.  Q. All right. The law firms, Plaintiffs' law firms made the requests in all of these  Page 131  1. litigation explants, and they were then sent to you, correct?  A. Yes.  Q. And those are the ones that you put into the St. Michael's system?  St. Michael's system?  St. Michael's system.  Q. Including the 70 at least that are involved in litigation?  Q. Including the 70 at least that are involved in litigation?  Q. Look at item number 16. A. Yes. No standard.  Page 33 of your expert  A. Yes. Not standard  protocols for my lab.  Q. Are those in writing?  A. We have standard operating procedures.  Q. Standard operating procedures that were applied to the 130 explanted mesh specimens?  A. Yes, they apply to any specimen in the  Page 131  Page 133    Jab. Q. You don't have those standard operating procedures today, correct?  A. No. Large binders.  Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  First of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report."  Q. The standardidit's standard protocols for my lab.  A. We have standard operating procedures.  Q. Standard operating procedures.  A. Yes, they apply to any specimen in the  lab. Q. You don't have those standard operating procedures today, correct?  A. No. Large binders.  Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens reference on your report."  First of all, is there such a protocol?  A. The only testing I do is j				
17 A. You mean directly from patients — from treating physician to me?  18 BY MR. SNELL:  20 Q. Yes.  21 A. Some, I believe, came directly — I  22 think they were requested by law firms, but they came directly from the treating physicians.  23 came directly from the treating physicians.  24 Q. All right. The law firms, Plaintiffs' law firms made the requests in all of these  Page 131  1 litigation explants, and they were then sent to you, correct?  3 A. Yes.  4 Q. And those are the ones that you put into the St. Michael's system?  5 into the St. Michael's system?  6 A. Yes. All samples which come to St. Michael's system. I cannot order a stain, or cannot do anything, unless it's entered in the St. Michael's system.  10 Q. Including the 70 at least that are involved in litigation?  11 Q. Including the 70 at least that are directly from — they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  22 D. Are those in writing?  A. We have standard operating procedures.  A. We have standard operating procedures that were applied to the 130 explanted mesh specimens?  A. Yes. they apply to any specimen in the lab.  Q. You don't have those standard operating procedures today, correct?  A. No. Large binders.  Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  A. The sal ong list again. But again, 24 to item number 16?  Q. Do you have any materials responsive to item number 16?  A. It's a long list again. But again, 24 the same problem, it's paraffin blocks, they				
from treating physician to me?  BY MR. SNELL:  Q. Yes.  A. Some, I believe, came directly - I  think they were requested by law firms, but they  acame directly from the treating physicians.  Q. Alr those in writing?  A. We have standard operating procedures.  Q. Standard operating procedures that  were applied to the 130 explanted mesh specimens?  A. Yes, they apply to any specimen in the  Page 131  Ilitigation explants, and they were then sent to you, correct?  A. Yes.  Q. And those are the ones that you put into the St. Michael's system.  A. Yes. All samples which come to  St. Michael's to me for analysis are being entered into St. Michael's system.  Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of facilities, so they come exactly like I would receive it from a physician.  Q. Look at item number 16.  A. Yes.  A. It's a standard - it's standard protocols for my lab.  Q. Are those in writing?  A. We have standard operating procedures that were applied to the 130 explanted mesh specimens?  A. Yes, they apply to any specimen in the  Page 131  page 133    Jab.   Q. You don't have those standard operating procedures today, correct?  A. No. Large binders.  Q. Number 18 asks for "Any protocol relating to physicial materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens it's entered in the St. Michael's system.  Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of facilities, so they come exactly like I would receive it from a physician.  Q. Look at item number 16.  A. Yes.  Q. Do you have any materials responsive to item number 16?  Q. Do you have any materials responsive to item number 16?  A. It's a long list again. But again, the same problem, it's paraffin blocks, they which is depicted at Page 33 of your expert		-		
BY MR. SNELL:  Q. Yes.  1 A. Some, I believe, came directly - I think they were requested by law firms, but they came directly from the treating physicians.  Q. All right. The law firms, Plaintiffs' 24 came directly from the treating physicians.  Q. All right. The law firms, Plaintiffs' 24 specimens?  Bage 131  Page 131  Page 133  I litigation explants, and they were then sent to you, correct?  A. Yes.  Q. And those are the ones that you put into the St. Michael's system?  A. Yes. All samples which come to St. Michael's to me for analysis are being entered into St. Michael's system. I cannot order a stain, or cannot do anything, unless it's entered in the St. Michael's system.  Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of first procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Do you have any materials responsive to item number 16?  A. It's a long list again. But again, and protocoler at page 33 of your expert treport and which is depicted at Page 33 of your expert and which is depicted at Page 33 of your expert and which is depicted at Page 33 of your expert and which is depicted at Page 33 of your expert and which is depicted at Page 33 of your expert and which is depicted at Page 33 of your expert and which is depicted at Page 33 of your expert and which is depicted at Page 33 of your expert and which is depicted at Page 33 of your expert and which is depicted at Page 33 of your expert and which is depicted at Page 33 of your expert and which is depicted at Page 33 of your expert and which is depicted at Page 33 of your expert and which is depicted at Page 33 of your expert.		· · · · · · · · · · · · · · · · · · ·		
Q. Yes.  A. Some, I believe, came directly — I think they were requested by law firms, but they came directly from the treating physicians. Q. All right. The law firms, Plaintiffs' law firms made the requests in all of these  Page 131  Page 133  I litigation explants, and they were then sent to you, correct? A. Yes. Q. And those are the ones that you put into the St. Michael's system? A. Yes. All samples which come to St. Michael's to me for analysis are being entered into St. Michael's system. Q. Including the 70 at least that are involved in litigation? A. Yes. So each sample comes with patient identifier, with date of birth, type of facilities, so they come exactly like I would receive it from a physician. Q. Look at item number 16. A. Yes. Q. Do you have any materials responsive to item number 16? A. It's a long list again. But Again.  Q. All rethose in writing? A. We have standard operating procedures that were applied to the 130 explanted mesh specimens reperimens? A. We have standard operating procedures that were applied to the 130 explanted mesh specimens? A. Yes, they apply to any specimen in the  Page 133  Page 133    Dab. Q. You don't have those standard operating procedures today, correct? A. No. Large binders. A. No. Lar				
A. Some, I believe, came directly — I think they were requested by law firms, but they came directly from the treating physicians.  Q. All right. The law firms, Plaintiffs' law firms made the requests in all of these  Page 131  Page 131  I litigation explants, and they were then sent to you, correct?  Q. And those are the ones that you put into the St. Michael's system?  A. Yes.  Q. And those are the ones that you put into the St. Michael's system?  A. Yes. All samples which come to St. Michael's system. I cannot order a stain, or cannot do anything, unless it's entered in the St. Michael's system.  Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of directly from — they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Do you have any materials responsive to item number 16?  A. It's a long list again. But again, at the same problem, it's paraffin blocks, they  A. We have standard operating procedures that were applied to the 130 explanted mesh specimens?  Q. Standard operating procedures that were applied to the 130 explanted mesh specimens?  A. Yes, they apply to any specimen in the specimens?  A. Yes, they apply to any specimen in the operating procedures today, correct?  A. No. Large binders.  Q. You don't have those standard operating procedures today, correct?  A. No. Large binders.  Q. Number 18 asks for "Any protocol relating to physical may sex, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  First of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard.				-
think they were requested by law firms, but they came directly from the treating physicians.  Q. All right. The law firms, Plaintiffs' 24 25 25 26 26 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29				
came directly from the treating physicians. Q. All right. The law firms, Plaintiffs' law firms made the requests in all of these  Page 131  Page 131  Ilitigation explants, and they were then sent to you, correct? A. Yes, they apply to any specimen in the  Page 133  Lab. Q. You don't have those standard operating procedures today, correct? A. No. Large binders. Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  Page 133  Lab. Q. You don't have those standard operating procedures today, correct? A. No. Large binders. Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  Page 133  Lab. Q. You don't have those standard operating procedures today, correct? A. No. Large binders. Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  Page 133  Lab. Q. You don't have those standard operating procedures today, correct? A. No. Large binders. Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  Page 133  Lab. Q. Nou don't have those standard operating procedures today, correct? A. No. Large binders. Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  First of all, is there such a protocol? And if so first of all, is there				
24 Q. All right. The law firms, Plaintiffs' 25 law firms made the requests in all of these  Page 131  Page 133  1 litigation explants, and they were then sent to 2 you, correct? 2 Q. You don't have those standard operating procedures today, correct? 3 A. Yes. 4 Q. And those are the ones that you put 4 A. No. Large binders. 5 into the St. Michael's system? 6 A. Yes. All samples which come to 5 relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report." 11 Q. Including the 70 at least that are 12 involved in litigation? 13 A. Yes. So each sample comes with patient identifier, with date of birth, type of 15 procedure, type of mesh, because they come 16 directly from they're not altered by storage 17 facilities, so they come exactly like I would receive it from a physician. 10 Q. Look at item number 16. 20 A. Yes. 21 Q. Do you have any materials responsive to item number 16? 22 to item number 16? 23 A. It's a long list again. But again, 24 the same problem, it's paraffin blocks, they  Page 131  Page 133  A. Yes, they apply to any specimen in the   Bab. Q. You don't have those standard  2				
Page 131  Page 133  Iitigation explants, and they were then sent to you, correct?  A. Yes.  Q. You don't have those standard operating procedures today, correct?  A. No. Large binders.  Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens it's entered in the St. Michael's system.  Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Do you have any materials responsive to item number 16?  A. It's a long list again. But again, a facilities in the standard and the same problem, it's paraffin blocks, they  A. Yes, shey apply to any specimen in the page 133  A. Yes, they apply to any specimen in the page 133  A. Yes, they apply to any specimen in the page 133  A. Yes, they apply to any specimen in the page 133  A. Yes, So Q. You don't have those standard operating procedures today, correct?  A. No. Large binders.  Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  First of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard.  Q. There's no standard that you applied for this simple stretch test you performed and which is depicted at Page 33 of your expert	23			
litigation explants, and they were then sent to you, correct?  A. Yes. Q. And those are the ones that you put into the St. Michael's system? A. Yes. All samples which come to St. Michael's to me for analysis are being entered into St. Michael's system. I cannot order a stain, or cannot do anything, unless if's entered in the St. Michael's system.  Q. Including the 70 at least that are involved in litigation? A. Yes. So each sample comes with patient identifier, with date of birth, type of directly from they're not altered by storage for directly from they're not altered by storage for directly from a physician.  Q. Look at item number 16. A. Yes. Q. You don't have those standard operating procedures today, correct? A. No. Large binders. Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report." First of all, is there such a protocol? And if so first of all, is there such a protocol? A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report. Q. The standardized stretching you mentioned is on Page 33 of your expert report? A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard. Q. There's no standard that you applied for this simple stretch test you performed and which is depicted at Page 33 of your expert	24	Q. All right. The law firms, Plaintiffs'		-
litigation explants, and they were then sent to you, correct?  A. Yes.  Q. And those are the ones that you put into the St. Michael's system?  St. Michael's to me for analysis are being entered into St. Michael's system. I cannot order a stain, or cannot do anything, unless it's entered in the St. Michael's system.  Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Do you have any materials responsive to item number 16?  A. Yes. So do And those are the ones that you put doperating procedures today, correct?  A. No. Large binders.  Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you analyses, testing,	25	law firms made the requests in all of these	25	A. Yes, they apply to any specimen in the
2 you, correct? 3 A. Yes. 4 Q. And those are the ones that you put 5 into the St. Michael's system? 5 into the St. Michael's system? 6 A. Yes. All samples which come to 7 St. Michael's to me for analysis are being 8 entered into St. Michael's system. I cannot 9 order a stain, or cannot do anything, unless 10 it's entered in the St. Michael's system. 11 Q. Including the 70 at least that are 12 involved in litigation? 13 A. Yes. So each sample comes with 14 patient identifier, with date of birth, type of 15 procedure, type of mesh, because they come 16 directly from they're not altered by storage 17 facilities, so they come exactly like I would 18 receive it from a physician. 19 Q. Look at item number 16. 20 A. Yes. 21 Q. You don't have those standard 22 operating procedures today, correct? 22 A. It's a long list again. 23 Operating procedures today, correct? 24 A. No. Large binders. 26 A. No. Large binders. 26 A. No. Large binders. 26 A. No. Large binders. 27 A. No. Large binders. 28 A. No. Large binders. 29 A. No. Large binders. 20 A. No. Large binders. 21 A. No. Large binders. 20 A. No. Large binders. 20 A. No. Large binders. 20 A. No. Large binders. 21 A. No. Large binders. 20 A. No. Large binders. 21 A. No. Large binders. 21 A. No. Large binders. 22 A. It's a long list again. But again, 23 for this saks for "Any protocol relating procedures today, correct? 24 A. No. Large binders. 25 A. No. Large binders. 26 A. No. Large binders. 26 A. No. Large binders. 26 A. No. Large binders. 28 A. No. Large binders. 29 A. No. Large binders. 20 A. No. Large binders. 21 A. No. Large binders. 21 A. No. Large binders. 24 A. No. Large binders. 26 A. No. Large binders. 26 A. No. Large binders. 27 A. No. Large binders. 28 A. No. Large binders. 29 A. Nes So satherials analyses, testing, or study in which you performed and which is depicted at Page 33 of your expert		Page 131		Page 133
2 you, correct? 3 A. Yes. 4 Q. And those are the ones that you put 5 into the St. Michael's system? 6 A. Yes. All samples which come to 7 St. Michael's to me for analysis are being 8 entered into St. Michael's system. I cannot 9 order a stain, or cannot do anything, unless 10 it's entered in the St. Michael's system. 11 Q. Including the 70 at least that are 12 involved in litigation? 13 A. Yes. So each sample comes with 14 patient identifier, with date of birth, type of 15 procedure, type of mesh, because they come 16 directly from they're not altered by storage 17 facilities, so they come exactly like I would 18 receive it from a physician. 19 Q. Look at item number 16. 20 A. Yes. 21 Q. You don't have those standard operating procedures today, correct? 22 A. It's a long list again. But again, 24 the same problem, it's paraffin blocks, they 2 Q. You don't have those standard operating procedures today, correct? 3 A. Yes. 3 A. Yes. 4 Q. You don't have those standard operating procedures today, correct? 4 A. No. Large binders. 5 Q. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you performed and which is depicted at Page 33 of your expert	1	litigation explants, and they were then sent to	1	lab.
A. Yes. Q. And those are the ones that you put into the St. Michael's system? A. Yes. All samples which come to St. Michael's system. I cannot entered into St. Michael's system. I cannot it's entered in the St. Michael's system.  Q. Including the 70 at least that are involved in litigation? A. Yes. So each sample comes with patient identifier, with date of birth, type of directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  A. Yes. Q. Do you have any materials responsive to A. Yes. A. No. Large binders. Analyses, testing, or study in which you papticed in analyses, testing, or study in which you approximately 130 explanted mesh specimens referenced in your report."  First of all, is there such a protocol? A. The only testing I do is just analyze physically by this simple stretc	2		2	Q. You don't have those standard
Q. And those are the ones that you put into the St. Michael's system?  A. Yes. All samples which come to St. Michael's to me for analysis are being entered into St. Michael's system. I cannot order a stain, or cannot do anything, unless it's entered in the St. Michael's system.  Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of directly from they're not altered by storage for directly from a physician.  Q. Look at item number 16.  Q. Do you have any materials responsive to item number 16?  A. It's a long list again. But again, and sire such a protocol analyses, testing, or study in which you participated in any capacity regarding the analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  First of all, is there such a protocol? And if so first of all, is there such a protoco	3		3	operating procedures today, correct?
into the St. Michael's system?  A. Yes. All samples which come to  St. Michael's to me for analysis are being entered into St. Michael's system. I cannot  order a stain, or cannot do anything, unless it's entered in the St. Michael's system.  Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of directly from they're not altered by storage for directly from a physician.  Q. Look at item number 16. Q. Do you have any materials responsive the same problem, it's paraffin blocks, they  D. Number 18 asks for "Any protocol relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the analyses, testing, or study in which you participated in any capacity regarding the analyses, testing, or study in which you participated in any capacity regarding the analyses, testing, or study in which you participated in any capacity regarding the analyses, testing, or study in which you participated in any capacity regarding the analyses, testing, or study in which you participated in any capacity regarding the analyses, testing, or study in which you participated in any capacity regarding the analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  First of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first	4	O. And those are the ones that you put	4	
A. Yes. All samples which come to St. Michael's to me for analysis are being entered into St. Michael's system. I cannot order a stain, or cannot do anything, unless it's entered in the St. Michael's system.  Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Look at item number 16. Q. Do you have any materials responsive to item number 16? A. Yes. Sol each sample swith Q. Do you have any materials responsive the same problem, it's paraffin blocks, they  relating to physical materials, or chemical analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard.  Q. There's no standard that you applied for this simple stretch test you performed and which is depicted at Page 33 of your expert	5	· · · · · · · · · · · · · · · · · · ·	5	
St. Michael's to me for analysis are being entered into St. Michael's system. I cannot order a stain, or cannot do anything, unless it's entered in the St. Michael's system.  Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Look at item number 16. Q. Look at item number 16? A. It's a long list again. But again, analyses, testing, or study in which you participated in any capacity regarding the approximately 130 explanted mesh specimens referenced in your report."  First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard.  Q. There's no standard that you applied for this simple stretch test you performed and which is depicted at Page 33 of your expert	6		6	· · · · · · · · · · · · · · · · · · ·
entered into St. Michael's system. I cannot  order a stain, or cannot do anything, unless  it's entered in the St. Michael's system.  Q. Including the 70 at least that are  involved in litigation?  A. Yes. So each sample comes with  patient identifier, with date of birth, type of  directly from they're not altered by storage  facilities, so they come exactly like I would  receive it from a physician.  Q. Look at item number 16.  A. Yes.  Q. Do you have any materials responsive  to item number 16?  A. It's a long list again. But again,  24 the same problem, it's paraffin blocks, they  producing type of approximately 130 explanted mesh specimens  participated in any capacity regarding the approximately 130 explanted mesh specimens  referenced in your report."  First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's  what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say  standard. I said simple stretch test. I mean there is no standard.  Q. There's no standard that you applied for this simple stretch test you performed and which is depicted at Page 33 of your expert			7	
order a stain, or cannot do anything, unless it's entered in the St. Michael's system.  Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Look at item number 16.  Q. Loo you have any materials responsive to the same problem, it's paraffin blocks, they  porder a stain, or cannot do anything, unless approximately 130 explanted mesh specimens referenced in your report."  First of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard.  Q. There's no standard that you applied for this simple stretch test you performed and which is depicted at Page 33 of your expert	8	•	8	
10 it's entered in the St. Michael's system.  11 Q. Including the 70 at least that are 12 involved in litigation?  13 A. Yes. So each sample comes with 14 patient identifier, with date of birth, type of 15 procedure, type of mesh, because they come 16 directly from they're not altered by storage 17 facilities, so they come exactly like I would 18 receive it from a physician. 19 Q. Look at item number 16. 20 A. Yes. 21 Q. Do you have any materials responsive 22 to item number 16? 23 A. It's a long list again. But again, 24 the same problem, it's paraffin blocks, they 20 The standard in your report.  10 referenced in your report.  11 First of all, is there such a  12 protocol? And if so first of all, is there 13 such a protocol?  14 A. The only testing I do is just analyze 15 physically by this simple stretching, that's 16 what I do, and it's in the report.  Q. The standardized stretching you 18 mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say 20 standard. I said simple stretch test. I mean 21 Q. Do you have any materials responsive 22 Q. There's no standard 23 for this simple stretch test you performed and 24 which is depicted at Page 33 of your expert		•		
11 Q. Including the 70 at least that are 12 involved in litigation? 13 A. Yes. So each sample comes with 14 patient identifier, with date of birth, type of 15 procedure, type of mesh, because they come 16 directly from they're not altered by storage 17 facilities, so they come exactly like I would 18 receive it from a physician. 19 Q. Look at item number 16. 20 A. Yes. 21 Q. Do you have any materials responsive 22 to item number 16? 23 A. It's a long list again. But again, 24 the same problem, it's paraffin blocks, they  12 protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there such a protocol? And if so first of all, is there and protocol? And if so first of all, is there as the protocol? And if so first of all, is there as the protocol? And if so first of all, is there as the protocol? And if so first of all, is there as the protocol? And if so first of all, is there as the protocol? And if so first of all, is there as the protocol? And if so first of all, is there as the protocol? And if so first of all, is there as the protocol? And if so first of all, is there as the protocol? And if so first of all, is there as the protocol? And if so first of all, is the reliance as the protocol? And if so all, is in the report. And If so all, is in the report. And If so all, is in the report. And If so all, is in t		• •		**
involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Look at item number 16.  A. Yes.  Q. Do you have any materials responsive to item number 16?  A. Yes.  protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard.  Q. There's no standard that you applied for this simple stretch test you performed and which is depicted at Page 33 of your expert	T ()			
A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Look at item number 16. Q. Look at item number 16. A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report. Q. The standardized stretching you mentioned is on Page 33 of your expert report? A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard. Q. There's no standard that you applied for this simple stretch test you performed and the same problem, it's paraffin blocks, they		· · · · · · · · · · · · · · · · · · ·	11	• •
patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Look at item number 16. Q. Look at item number 16. Q. Do you have any materials responsive to item number 16? Q. There's no standard.  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report. Q. The standardized stretching you mentioned is on Page 33 of your expert report? A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard. Q. There's no standard that you applied for this simple stretch test you performed and which is depicted at Page 33 of your expert	11	Q. Including the 70 at least that are		First of all, is there such a
procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  Q. Look at item number 16.  Q. Look at item number 16.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard.  Q. Do you have any materials responsive to item number 16?  Q. There's no standard that you applied for this simple stretch test you performed and the same problem, it's paraffin blocks, they	11 12	Q. Including the 70 at least that are involved in litigation?	12	First of all, is there such a protocol? And if so first of all, is there
directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  Q. Look at item number 16.  A. Yes.  Q. Do you have any materials responsive to item number 16?  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard.  Q. There's no standard that you applied for this simple stretch test you performed and the same problem, it's paraffin blocks, they  yet and I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I said simple stretch test. I mean there is no standard.  Q. There's no standard that you applied for this simple stretch test you performed and which is depicted at Page 33 of your expert	11 12 13	<ul><li>Q. Including the 70 at least that are involved in litigation?</li><li>A. Yes. So each sample comes with</li></ul>	12 13	First of all, is there such a protocol? And if so first of all, is there such a protocol?
facilities, so they come exactly like I would receive it from a physician.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean Compared to item number 16?  A. It's a long list again. But again, the same problem, it's paraffin blocks, they  P. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard.  Q. There's no standard that you applied for this simple stretch test you performed and which is depicted at Page 33 of your expert	11 12 13 14	<ul><li>Q. Including the 70 at least that are involved in litigation?</li><li>A. Yes. So each sample comes with patient identifier, with date of birth, type of</li></ul>	12 13 14	First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze
receive it from a physician.  18 mentioned is on Page 33 of your expert report?  19 Q. Look at item number 16.  19 A. Yes. Not standard, I didn't say  20 standard. I said simple stretch test. I mean  21 Q. Do you have any materials responsive  22 to item number 16?  23 A. It's a long list again. But again,  24 the same problem, it's paraffin blocks, they  28 mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say  standard. I said simple stretch test. I mean  22 there is no standard.  Q. There's no standard that you applied  23 for this simple stretch test you performed and  24 which is depicted at Page 33 of your expert	11 12 13 14 15	<ul> <li>Q. Including the 70 at least that are involved in litigation?</li> <li>A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come</li> </ul>	12 13 14 15	First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's
19 Q. Look at item number 16. 20 A. Yes. 21 Q. Do you have any materials responsive 22 to item number 16? 23 A. It's a long list again. But again, 24 the same problem, it's paraffin blocks, they 29 A. Yes. Not standard, I didn't say 20 standard. I said simple stretch test. I mean 21 there is no standard. 22 Q. There's no standard that you applied 23 for this simple stretch test you performed and 24 which is depicted at Page 33 of your expert	11 12 13 14 15	Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from they're not altered by storage	12 13 14 15 16	First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.
A. Yes.  Q. Do you have any materials responsive to item number 16?  A. It's a long list again. But again, the same problem, it's paraffin blocks, they  20 standard. I said simple stretch test. I mean there is no standard.  Q. There's no standard that you applied for this simple stretch test you performed and which is depicted at Page 33 of your expert	11 12 13 14 15 16	Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would	12 13 14 15 16 17	First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you
Q. Do you have any materials responsive to item number 16?  A. It's a long list again. But again, the same problem, it's paraffin blocks, they there is no standard.  Q. There's no standard that you applied for this simple stretch test you performed and which is depicted at Page 33 of your expert	11 12 13 14 15 16 17	Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.	12 13 14 15 16 17 18	First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?
to item number 16?  22 Q. There's no standard that you applied  A. It's a long list again. But again,  the same problem, it's paraffin blocks, they  23 Q. There's no standard that you applied  for this simple stretch test you performed and  which is depicted at Page 33 of your expert	11 12 13 14 15 16 17 18	Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Look at item number 16.	12 13 14 15 16 17 18 19	First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say
A. It's a long list again. But again, 23 for this simple stretch test you performed and the same problem, it's paraffin blocks, they 24 which is depicted at Page 33 of your expert	11 12 13 14 15 16 17 18 19 20	<ul> <li>Q. Including the 70 at least that are involved in litigation?</li> <li>A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.</li> <li>Q. Look at item number 16.</li> <li>A. Yes.</li> </ul>	12 13 14 15 16 17 18 19 20	First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean
the same problem, it's paraffin blocks, they which is depicted at Page 33 of your expert	11 12 13 14 15 16 17 18 19 20 21	<ul> <li>Q. Including the 70 at least that are involved in litigation?</li> <li>A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.</li> <li>Q. Look at item number 16.</li> <li>A. Yes.</li> <li>Q. Do you have any materials responsive</li> </ul>	12 13 14 15 16 17 18 19 20 21	First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard.
	11 12 13 14 15 16 17 18 19 20 21	Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Look at item number 16.  A. Yes.  Q. Do you have any materials responsive to item number 16?	12 13 14 15 16 17 18 19 20 21 22	First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard.  Q. There's no standard that you applied
belong to patients, and the patients are either 25 report?	11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Look at item number 16.  A. Yes.  Q. Do you have any materials responsive to item number 16?  A. It's a long list again. But again,	12 13 14 15 16 17 18 19 20 21 22 23	First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard.  Q. There's no standard that you applied for this simple stretch test you performed and
1	11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. Including the 70 at least that are involved in litigation?  A. Yes. So each sample comes with patient identifier, with date of birth, type of procedure, type of mesh, because they come directly from they're not altered by storage facilities, so they come exactly like I would receive it from a physician.  Q. Look at item number 16.  A. Yes.  Q. Do you have any materials responsive to item number 16?  A. It's a long list again. But again, the same problem, it's paraffin blocks, they	12 13 14 15 16 17 18 19 20 21 22 23 24	First of all, is there such a protocol? And if so first of all, is there such a protocol?  A. The only testing I do is just analyze physically by this simple stretching, that's what I do, and it's in the report.  Q. The standardized stretching you mentioned is on Page 33 of your expert report?  A. Yes. Not standard, I didn't say standard. I said simple stretch test. I mean there is no standard.  Q. There's no standard that you applied for this simple stretch test you performed and which is depicted at Page 33 of your expert

A. No. I recorded what I did, but there's no standard protocool.  Q. What about of the other 129 explanted mesh specimens, is there any protocol relating to any physical. material, or chemical analyses or testing that you participated in?  A. Those are diagnostic samples. They were processed as diagnostic routine.  But we are talking about different things. Those 130 explanted mesh specimens were you involved in any physical, specimens, were you involved in any physical, material, or chemical analyses or testing?  A. Each specimen is being gross, so there is gross description, there's consistency, if you call it physical. And then it's pathological examination of each sample.  Q. So the 130 explanted mesh specimens A. I did histological examination, and to the wherever degree you have to visualize. And then it's pathological examination, and to the wherever degree you tare say it's chemical testing or physical testing.  Page 135  Q. You did gross observations, correct?  A. Yes. Q. You did pathological analysis of the slides that were made, correct? A. Yes. Q. You did pathological analysis of the slides that were made, correct? A. Yes. Q. You did some electron microscopy, correct? A. Yes. Q. You did some electron microscopy, correct? A. Yes. Q. You did some electron microscopy, correct? A. Yes. Q. You did some electron microscopy, correct? A. Yes. Q. You do some electron microscopy, and then interpret these pictures, and then I		Page 134		Page 136
there's no standard protocol.  Q. What about of the other 129 explanted mesh specimens, is there any protocol relating to any physical, material, or chemical analyses of cristing that you participated in?  A. Those are diagnostic samples. They were processed as diagnostic samples. They are talking about different things. Those 130 are explanted patient samples. Here is now mesh device.  Q. So for the 130 explanted mesh things. Those 130 are explanted mesh things. Those 130 are explanted mesh things. Those 130 are explanted mesh things. Those 130 explanted mesh specimens, were you know to visualize. And then it's pathological examination of each analysis, because you have to visualize. And then it's pathological examination of each whatever degree you can say it's chemical testing.  Page 135  Q. You did gross observations, correer?  A. Yes. Q. You did gross observations, correer? A. Yes. Q. You did spantal mulpsis of the sildes that were made, correer? A. Yes. Q. You did spantal mulpsis of the sildes that were made, correer? A. Yes. Q. You did some electron microscopy, correer? A. Yes. Q. You did some electron microscopy, correer? A. Think Is submitted of relectron analysis up to ten samples, but not all of them analysis up to ten samples, but not all of them urned out usable? A. Sometimes you doil get the filament in the section because it's a very small piece, it's not form the specimens you doil the electron microscopy, but not all of them turned out usable? A. Yes. Q. Who did you submit the mesh specimens in the section because it's a very small piece, it's particular person or head of the theath of things. The position as a	1	A. No. I recorded what I did, but	1	It's part of pathology laboratory, electron
specimens, is there any protocol relating to any physical, material, or chemical analyses or testing that you participated in?  A. Those are diagnostic samples. They were processed as diagnostic routine.  But we are talking about different of things. Those 130 are explanted patient of the submission of the mesh specimens to be analyzed by electron microscopy?  A. Ch. I just take a piece, put it in glarated by the submission of the mesh specimens to be analyzed by electron microscopy?  A. Ch. Just take a piece, put it in glarated by the submission of the mesh specimens to be analyzed by electron microscopy?  A. Ch. Just take a piece, put it in glarated by the submission of the mesh specimens to be analyzed by electron microscopy?  A. Ch. Just take a piece, put it in glarated by the submission of off or commercial service, no.  Justification of the submission of the submission of the submission of off or commercial service, no.  Q. Who is the technician you gave these samples to?  A. Yes.  Q. You did gross observations, correct!?  A. Yes.  Q. You did staining, correct?  A. A Yes.  Q. You did staining, correct?  A. Only to a limited number of samples.  Q. You did some electron microscopy, correct?  A. Only to a limited number of samples.  Q. You did some electron microscopy, or correct?  A. Only to a limited number of samples.  Q. You did some clectron microscopy, or correct?  A. Only to a limited number of samples.  Q. You did some clectron microscopy, or correct?  A. Only to a limited number of samples.  Q. You did some clectron microscopy or in total out of the	2	there's no standard protocol.	2	
specimens, is there any protocol relating to any physical, material, or chemical analyses or testing that you participated in?  A. Those are diagnostic samples. They were processed as diagnostic routine.  But we are talking about different of things. Those 130 are explanted patient of the submission of the mesh specimens to be analyzed by electron microscopy?  A. Ch. I just take a piece, put it in glarated by the submission of the mesh specimens to be analyzed by electron microscopy?  A. Ch. Just take a piece, put it in glarated by the submission of the mesh specimens to be analyzed by electron microscopy?  A. Ch. Just take a piece, put it in glarated by the submission of the mesh specimens to be analyzed by electron microscopy?  A. Ch. Just take a piece, put it in glarated by the submission of off or commercial service, no.  Justification of the submission of the submission of the submission of off or commercial service, no.  Q. Who is the technician you gave these samples to?  A. Yes.  Q. You did gross observations, correct!?  A. Yes.  Q. You did staining, correct?  A. A Yes.  Q. You did staining, correct?  A. Only to a limited number of samples.  Q. You did some electron microscopy, correct?  A. Only to a limited number of samples.  Q. You did some electron microscopy, or correct?  A. Only to a limited number of samples.  Q. You did some clectron microscopy, or correct?  A. Only to a limited number of samples.  Q. You did some clectron microscopy, or correct?  A. Only to a limited number of samples.  Q. You did some clectron microscopy or in total out of the	3	Q. What about of the other 129 explanted	3	Q. Is there a particular person or head
6 or testing that you participated m? 7 A. Those are diagnostic samples. They 8 were processed as diagnostic routine. 9 But we are talking about different 10 things. Those 130 are explanted patient 11 samples. Here is new mesh device. 12 Q. So for the 130 explanted mesh 13 specimens, were you involved in any physical, 14 material, or chemical analyses or testing? 15 A. Each specimen is being gross, so there 16 is gross description, there's consistency, if 17 you call it physical. And then it's being 18 stained, so to a degree it's a chemical 19 analysis, because you have to visualize. And 19 then it's pathological examination of each 20 then it's pathological examination of each 21 sample. 22 Q. So the 130 explanted mesh specimens 23 A. I did histological examination, and to 24 whatever degree you can say it's chemical 25 testing or physical testing.  Page 135  1 Q. You did gross observations, correct? 2 A. Yes. 3 Q. You did staining, correct? 4 A. Yes. 5 Q. You did staining, correct? 4 A. Yes. 6 Q. You did some electron microscopy, 9 correct? 7 A. Yes. 8 Q. You did some electron microscopy, 9 correct? 10 A. Only to a limited number of samples. 11 Q. Any other testing, though, that you 12 did? 13 A. No. 14 Q. Do you know how many samples you did 15 eexplanted mesh specimens 16 is gross description, there's consistency, if 17 you call it physical. And then it's being 18 stained, so to a degree it's a chemical 29 analysis, because you have to visualize. And 20 then it's pathological examination of each 21 Q. So the 130 explanted mesh specimens 22 Q. So the 130 explanted mesh specimens 23 A. I did histological examination of each 24 whatever degree you can say it's chemical 25 testing or physical testing.  Page 135  1 Q. You did gross observations, correct? 3 A. Yes. 4 A. Yes. 5 Q. You did staining, correct? 6 Then she actions a head of the mesh specimens is to be analyzed by electron microscopy. 9 correct? 10 A. Only to a limited number of samples. 11 Q. Any other testing, though, that you 12 did? 13 A. No. 14 Q.	4	mesh specimens, is there any protocol relating	4	
A. Those are diagnostic samples. They were processed as diagnostic routine.	5	to any physical, material, or chemical analyses	5	electron microscopy?
But we are talking about different things. Those 130 are explanted patient samples. Here is new mesh device.  2 Q. So for the 130 explanted mesh specimens, were you involved in any physical, material, or chemical analyses or testing?  14 material, or chemical analyses or testing?  15 A. Each specimen is being gross, sothere is gross description, there's consistency, if you call it physical. And then it's being stained, so to a degree it's a chemical analysis, because you have to visualize. And then it's pathological examination, and to the it's pathological examination, and to the it's pathological examination, and to the testing or physical testing.  Page 135  1 Q. You did gross observations, correct?  2 A. Yes.  3 Q. You did gross observations, correct?  4 A. Yes.  3 Q. You did pathological analysis of the slides that were made, correct?  4 A. Yes.  5 Q. You did object analysis of the slides that were made, correct?  A. Yes.  9 Q. You did some electron microscopy, go correct?  10 A. Only to a limited number of samples.  Q. You did some electron microscopy, and the celectron microscope, but it in glutaraldehyde, and give it to technician in electron microscopy. It's a part of the same lab; here is the unit for chemistry, here's histochemistry, it's part of — we use the lab for routine diagnostic work. It's not something specifically we do for commercial service, no.  Q. Who is the technician you gave these samples to analyzed by electron microscopy?  A. You need her name?  Q. Yes.  A. Sandy Cohen, I believe, C-O-H-E-N.  A. No. She processes the tissue as the technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her tocut thin sections from a specific block. Then she prepares a grid.  Then she calls me when the grid is ready, and she operates the electron microscope, I point where she needs to take pictures, and then I interpret these pictures.  Q. You did some electron microscopy in total all of them turned out usable?  A. Yes.  Q. You did some elect	6	or testing that you participated in?	6	A. I'm not sure if there is a specific
9 But we are talking about different 10 things. Those 130 are explanted patient 11 samples. Here is new mesh device. 11 samples. Here is new mesh device. 11 samples. Here is new mesh device. 11 specimens, were you involved in any physical, 12 specimens, were you involved in any physical, 13 specimens, were you involved in any physical, 14 material, or chemical analyses or testing? 14 material, or chemical analyses or testing? 15 A. Each specimen is being gross, so there is gross description, there's consistency, if 16 is gross description, there's consistency if 20 is the technician of the mest, specifically we do for commercial service, no. 20 is ample. The consistency if 20 is ample. The consi	7	A. Those are diagnostic samples. They	7	position as a head of electron microscopy. We
things. Those 130 are explanted patient samples. Here is new mesh device.  Q. So for the 130 explanted mesh specimens, were you involved in any physical, material, or chemical analyses or testing? A. Each specimen is being gross, so there is gross description, there's consistency, if you call it physical. And then it's being stained, so to a degree it's a chemical analysis, because you have to visualize. And then it's pathological examination of each analysis, because you have to visualize. And then it's pathological examination of each analysis, because you have to visualize. And then it's pathological examination, and to then it's pathological examination, and to testing or physical testing.  Page 135  Q. You did gross observations, correct? A. Yes. Q. You did gross observations, correct? A. Yes. Q. You did saming, correct? A. Yes. Q. You did samily gross of the slides that were made, correct? A. Yes. Q. You did some electron microscopy, correct? Q. You did some electron microscopy, correct? A. Only to a limited number of samples.  A. No. A Poly or be a limited number of samples.  Q. Any other testing, though, that you did? A. No. A Poly or a limited number of samples.  A. No. Who did you submit them to? Strike thal. Who did you submit them to? Strike thal. Who did you submit the mesh specimens  Hab, here is the unit for chemistry, here's histochemistry, it's part of—we use the lab for rorutine diagnostic work. It's not something specifically we do for commercial service, no. Q. Who is the technician of or routine alaby, here is the unit for chemistry, here's histochemistry, it's part of—we use the lab for rorutine diagnostic work. It's not something specifically we do for commercial service, no. Q. Who is the technician of or rorutine alaby, here is the unit for chemistry, here's histochemistry, it's part of—we use the lab for rorutine diagnostic work. It's not something specifically we do for commercial service, no. Q. Yes. A. Sandy Cohen, I believe, C-O-H-E-N. A. No. She processes the tissue as the technic	8	were processed as diagnostic routine.	8	have our department head.
11 samples. Here is new mesh device.  Q. So for the 130 explanted mesh specimens, were you involved in any physical, material, or chemical analyses or testing?  A. Each specimen is being gross, so there is gross description, there's consistency, if you call it physical. And then it's being stained, so to a degree it's a chemical analysis, because you have to visualize. And then it's pathological examination of each sample.  Q. So the 130 explanted mesh specimens - A. I did histological examination, and to whatever degree you can say it's chemical testing or physical testing.  Page 135  Q. You did gross observations, correct? A. Yes. Q. You did staining, correct? A. Yes. Q. You did staining, correct? A. Yes. Q. You did pathological analysis of the slides that were made, correct? A. You did? A. No. Q. Do you know how many samples you did electron microscopy, and plant analysed, and give it to technician in electron microscopy. It's a part of the same lab; here is the unit for chemistry, here's histochemistry, it's part of we use the lab for routine diagnostic work. It's not something specifically we do for commercial service, no. Q. Who is the rechnician you gave these samples to? A. You need her name? Q. Yes. A. Sandy Cohen, I believe, C-O-H-E-N. Q. Doe Sandy Cohen look at these images under the electron microscope?  Page 135  Page 135  A. No. She processes the tissue as the technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, requeste for her to cut in sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscopy, but not all of them turned out usable?  A. No. Q. Do you know how many samples you did electron microscopy, but not all of them turned out usable? A. Only to a limited number of samples. Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable? A. No. She processes the tissue as the technician received in the re	9	But we are talking about different	9	Q. Well, explain to me, how did you make
12	10	things. Those 130 are explanted patient	10	the submission of the mesh specimens to be
specimens, were you involved in any physical, material, or chemical analyses or testing?  A. Each specimen is being gross, so there is gross description, there's consistency, if you call it physical. And then it's being stained, so to a degree it's a chemical analysis, because you have to visualize. And then it's pathological examination of each then it's pathological examination of each whatever degree you can say it's chemical testing or physical testing or physical testing.  Page 135  Q. You did gross observations, correct? A. Yes. Q. You did staining, correct? A. Yes. Q. You did pathological analysis of the slides that were made, correct? A. Yes. Q. You did some electron microscopy, correct? A. Only to a limited number of samples. A. Only to a limited number of samples. A. No. A. No. C. You said you submit them to? Strike that. Who did you submit them to? Strike to for the electron microscopy?  Who did you submit them to? Strike to for the electron microscopy?  In the she calls me when the grid is ready, and she cust said you get a filament. If there's no filament, I don't examine. Then some samples for outline diagnostic work. It's part ofw use the lab for routine diagnostic work. It's not something specifically we do for commistry, it's part ofw use the lab for routine diagnostic work. It's not something specifically we do for commistry, it's part ofw use the lab for routine diagnostic work. It's not something specifically we do for commistry, it's part ofw use the lab for routine diagnostic work. It's not something specifically we do for commistry. It's part ofw use the lab for routine diagnostic work. It's not something specifically we do for commistry. It's part ofw use the lab for routine diagnostic work. It's not something specifically we do for commistry. It's part ofw use the lab for routine diagnostic work. It's not something specifically we do for commistry. It's part ofw use the lab for routine diagnostic work. It's not something specifically we do for commistry as sample	11	samples. Here is new mesh device.	11	analyzed by electron microscopy?
14 material, or chemical analyses or testing? 15 A. Each specimen is being gross, so there is gross description, there's consistency, if you call it physical. And then it's being stained, so to a degree it's a chemical analysis, because you have to visualize. And then it's pathological examination of each sample. 20 A. I did histological examination, and to whatever degree you can say it's chemical testing or physical testing. 21 A. You need her name? 22 Q. So the 130 explanted mesh specimens 23 A. I did histological examination, and to whatever degree you can say it's chemical testing or physical testing. 22 Page 135 23 A. I did histological examination, and to whatever degree you can say it's chemical testing or physical testing. 24 Whatever degree you can say it's chemical testing or physical testing. 25 Lesting or physical testing. 26 Page 135 27 A. Yes. 28 Q. You did gross observations, correct? 29 A. Yes. 30 Q. You did staining, correct? 40 A. Yes. 41 A. Yes. 42 A. Yes. 43 Q. You did pathological analysis of the slides that were made, correct? 44 A. Yes. 45 Q. You did some electron microscopy, sorrect? 46 Sides that were made, correct? 47 A. Yes. 48 Q. You did some electron microscopy, sorrect? 49 correct? 40 A. Only to a limited number of samples. 40 A. Only to a limited number of samples. 41 Q. Do you know how many samples you did electron microscopy on in total out of the 130 electron microscopy on in total out of the 130 explanted mesh specimens? 40 A. I think I submitted for electron analysis up to ten samples, but not all of them urred out usable? 41 A. I think I submitted for electron analysis up to ten samples, but not all of them urred out usable? 42 A. Yes. 43 A. I think I submitted for electron analysis up to ten samples, but not all of them urred out usable? 44 A. Yes. 55 C. Who did you submit them to? Strike that. 56 C. Who did you submit them to? Strike that. 57 A. I think I submitted for electron analysis up to ten samples, but not all of them urred out usable? 58 A. I think I submitted	12	Q. So for the 130 explanted mesh	12	A. Oh, I just take a piece, put it in
15 A. Each specimen is being gross, so there 16 is gross description, there's consistency, if 17 you call it physical. And then it's being 18 stained, so to a degree it's a chemical 19 analysis, because you have to visualize. And 20 then it's pathological examination of each 21 sample. 22 Q. So the 130 explanted mesh specimens— 23 A. I did histological examination, and to 24 whatever degree you can say it's chemical 25 testing or physical testing.  Page 135  Page 135  Page 137  1 Q. You did gross observations, correct? 2 A. Yes. 3 Q. You did staining, correct? 4 A. Yes. 4 A. Yes. 5 Q. You did pathological analysis of the 6 slides that were made, correct? 6 A. Yes. 7 A. Yes. 8 Q. You did some electron microscopy, 9 correct? 10 A. Only to a limited number of samples. 11 Q. Any other testing, though, that you 12 did? 13 A. No. 14 Q. Do you know how many samples you did 15 electron microscopy on in total out of the 130 16 explanted mesh specimens? 17 A. It think I submitted for electron 18 analysis up to ten samples, but not all of them 19 were usable. So it's less than ten, more than 19 five, somewhere in that range. 20 Who did you submit them to? Strike 21 that. 22 Who did you submit them to? Strike 23 Who did you submit them to? Strike 24 that. 25 Iab; here is the unit for chemistry, here's histocchemistry, it's part of — we use the lab for rotunte diagnostic Mistochemistry, it's part of her we use the lab for rotunte diagnostic man, the lab for rounted approach of roommercial service, no.  Q. Who did histological examination of each 20 A. You need her name? 20 Yes. 21 A. Sandy Cohen, I believe, C-O-H-E-N. 22 A. Sandy Cohen, I believe, C-O-H-E-N. 24 D. A. Sondy Cohen look at these images under the electron microscope?  1 A. No. She processes the tissue as the technicians do, and she cuts sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. 3 First for processes the tissue as the technicians do, and she cuts sections which are thicker.	13	specimens, were you involved in any physical,	13	glutaraldehyde, and give it to technician in
16 is gross description, there's consistency, if you call it physical. And then it's being stained, so to a degree it's a chemical 18 stained, so to a degree it's a chemical 19 analysis, because you have to visualize. And 19 analysis, because you have to visualize. And 19 Q. Who is the technician you gave these sample. 21 sample. 22 Q. So the 130 explanted mesh specimens 23 A. I did histological examination, and to whatever degree you can say it's chemical 24 Q. Does Sandy Cohen look at these images under the electron microscope? 25 testing or physical testing. 25 under the electron microscope? 26 A. Yes. 27 A. No. She processes the tissue as the technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then prepares a grid. 37 A. Yes. 38 Q. You did staining, correct? 49 correct? 40 A. Yes. 40 Yes. 40 Yes. 40 Yes. 40 Yes. 41 Yes. 41 Yes. 41 Yes. 42 Yes. 43 Yes. 44 Yes. 45 Yes. 46 Yes. 47 Yes. 47 Yes. 48 Q. You did pathological analysis of the 59 C. You did some electron microscopy, 80 Correct? 41 Yes. 41 Yes. 42 Yes. 43 Yes. 44 Yes. 44 Yes. 45 Yes. 46 Yes. 47 Yes. 47 Yes. 48 Q. You did some electron microscopy, 80 Yes technicians do, and she cuts sections from a specific block. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and	14	material, or chemical analyses or testing?	14	electron microscopy. It's a part of the same
stained, so to a degree it's a chemical analysis, because you have to visualize. And then it's pathological examination of each sample.  Q. So the 130 explanted mesh specimens d. A. I did histological examination, and to whatever degree you can say it's chemical testing or physical testing.  Page 135  Q. You did gross observations, correct? A. Yes. Q. You did staining, correct? A. Yes. Q. You did pathological analysis of the slides that were made, correct? A. Yes. Q. You did some electron microscopy, correct? A. Only to a limited number of samples. Q. You did? A. No. Q. You did you submit them to? Strike that. Q. Who did you submit the mesh specimens to for routine diagnostic work. It's not something specifically we do for commercial service, no. Q. Who is the technician you gave these samples to? A. You need her name? Q. Yes. A. Sandy Cohen, I believe, C-O-H-E-N. Q. Does Sandy Cohen look at these images under the electron microscope?  Page 135  Page 137  A. No. She processes the tissue as the technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope, 1 point where she needs to go and where she needs to take pictures. Q. You said you submitted up to ten mesh specimens? A. No. Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable? A. Yes. Q. What do you mean by that, "not all of them turned out usable? A. Yes. Q. What do you mean by that, "not all of them turned out usable? A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. Sometimes you get are thicker. I select a block, request for her to cut thin sections, samples for some reasons didn't cut well, they were crushing, and tissue was burning by the electron rich for some samples for some reasons didn't c	15		15	lab; here is the unit for chemistry, here's
stained, so to a degree it's a chemical analysis, because you have to visualize. And then it's pathological examination of each sample.  Q. So the 130 explanted mesh specimens d. A. I did histological examination, and to whatever degree you can say it's chemical testing or physical testing.  Page 135  Q. You did gross observations, correct? A. Yes. Q. You did gross observations, correct? A. Yes. Q. You did pross observations, correct? A. Yes. Q. You did pross observations, correct? A. Yes. Q. You did pathological analysis of the slides that were made, correct? A. Only to a limited number of samples. Q. You did some electron microscopy, correct? A. No. A. Only to a limited number of samples. Q. Any other testing, though, that you did? A. No. A. I think I submitted for electron five, somewhere in that range. Q. Who did you submit them to? Strike to for the electron microscopy?  Who did you submit the mesh specimens A. Who did you submit the mesh specimens Corrects Corr	16	is gross description, there's consistency, if	16	histochemistry, it's part of we use the lab
19 analysis, because you have to visualize. And then it's pathological examination of each 21 sample. 22 asample. 23 A. You need her name? 22 Q. Yes. 23 A. I did histological examination, and to 23 A. Sandy Cohen, I believe, C-O-H-E-N. 24 whatever degree you can say it's chemical 25 testing or physical testing. 25 under the electron microscope? 26 under the electron microscope? 27 Page 135 Page 137 A. No. She processes the tissue as the technicians do, and she cuts sections, she gives me blue sections what are thicker. I select a block, request for her to cut thin sections from a specific block. Then she preaprea a grid. 3 A. Yes. 3 Q. You did pathological analysis of the 4 Slides that were made, correct? 4 A. Yes. 4 Bolock, request for her to cut thin sections from a specific block. Then she preaprea a grid. 3 Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to a she operates the electron microscope. I point where she needs to go and where she needs to go an	17		17	
then it's pathological examination of each sample.  Q. So the 130 explanted mesh specimens  A. I did histological examination, and to whatever degree you can say it's chemical testing or physical testing.  Page 135  Page 135  Page 137  A. No. She processes the tissue as the technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid.  A. Yes.  Q. You did pathological analysis of the slides that were made, correct?  A. Yes.  Q. You did some electron microscopy, ecorrect?  A. Only to a limited number of samples.  Q. Any other testing, though, that you the dectron microscopy in total out of the 130 explanted mesh specimens?  A. I din histological examination, and to that where she needs to testing analysis of the sexplanted mesh specimens?  A. You need her name?  Q. You can say it's chemical the sexplanted mesh specimens and to the sample to?  A. You need her name?  A. Sandy Cohen look at these images under the electron microscope?  Page 137  A. No. She processes the tissue as the technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections, she gives me blue sec	18	stained, so to a degree it's a chemical	18	specifically we do for commercial service, no.
21 sample. 22 Q. So the 130 explanted mesh specimens - 23 A. I did histological examination, and to 24 whatever degree you can say it's chemical 25 testing or physical testing.  Page 135  Page 135  Q. You did gross observations, correct? 1 A. No. She processes the tissue as the technicians do, and she cuts sections, she gives technicians do, and she cuts sections, she gives 1 dock, request for her to cut thin sections from 2 a specific block. Then she prepares a grid. 3 Then she calls me when the grid is ready, and 3 she operates the electron microscope. I point 2 take pictures, and then I interpret these 2 pictures.  Q. You did some electron microscopy, 2 correct? 4 A. Yes. 5 Q. You did some electron microscopy, 3 did? 4 Q. Do you know how many samples you did 3 A. No. 1 Q. You said you submitted up to ten mesh 3 specimens for the electron microscopy, but not all of them turned out usable? 1 A. Yes. 1 A. You meed her name? Q. Yes. 2 A. Sandy Cohen, I believe, C-O-H-E-N. Q. Does Sandy Cohen look at these images under the electron microscope?  Page 135  Page 137  A. No. She processes the tissue as the technicians do, and she cuts sections, she gives technicians do, and she cuts sections, she gives technicians do, and she cuts sections, she gives technicians do, and she cuts sections she gives technicians do, and she cuts sections she gives the tissue as the technicians do, and she cuts sections she gives the tissue as the technicians do, and she cuts sections she gives the tissue as the technicians do, and she cuts sections she gives the tissue as the technicians do, and she cuts sections she gives the tissue as t	19	analysis, because you have to visualize. And	19	Q. Who is the technician you gave these
22 Q. Yes.  A. I did histological examination, and to whatever degree you can say it's chemical testing or physical testing.  Page 135  Page 135  Q. You did gross observations, correct?  A. Yes.  Q. You did staining, correct?  A. Yes.  Q. You did pathological analysis of the slides that were made, correct?  A. Yes.  Q. You did some electron microscopy, correct?  A. Only to a limited number of samples.  Q. Any other testing, though, that you did electron microscopy on in total out of the 130 explanted mesh specimens?  A. I think I submitted for electron fire, somewhere in that range.  Q. Who did you submit the mesh specimens to for the electron microscopy?  Q. Who did you submit the mesh specimens to for the electron microscopy?  A. I did histological examination, and to 23  A. Sandy Cohen, I believe, C-O-H-E-N.  A. Sandy Cohen look at these images under the electron microscope?   Page 137  A. No. She processes the tissue as the technicians do, and she cuts sections, she gives me blue sections which are thisecting sthe technicians do, and she cuts sections, she gives me blue sections which are thisecting the cuts sections, she gives me blue sections which are thisecting the technicians do, and she cuts sections, she gives me blue sections which are thisecting the technicians do, and she cuts sections, she gives me blue sections which are these tissue as the technicians do, and she cuts sections, she gives me blue sections which are thisecting the technicians do, and she cuts sections, she gives me blue sections which are thisecting the technicians do, and she cuts sections, she gives me blue sections which are theschins from technicians do, and she cuts sections, she gives me blue sections which are the ch	20	then it's pathological examination of each	20	samples to?
A. I did histological examination, and to whatever degree you can say it's chemical testing or physical testing.  Page 135  Page 135  Page 137  A. No. She processes the tissue as the technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. A. Yes. A. Yes. A. Yes. A. Yes. A. Yes. A. You did pathological analysis of the slides that were made, correct? A. Yes. A. Yes. A. Yes. A. Yes. A. Yes. A. Yes. A. You did some electron microscopy, correct? A. Yes. A. You did some electron microscopy, server the she needs to go and where she needs to take pictures, and then I interpret these pictures. A. No. B. Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable? A. Yes. A. Sandy Cohen look at these images under the electron microscopy, but not all of them turned out usable? A. Yes. A. Sentimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. A. Who did you submit them to? Strike A. Who did you submit the mesh specimens to for the electron microscopy?  A. Who did you submit the mesh specimens to for some reasons didn't cut well, they were crushing, and tissue was burning by the electron crushing, and tissue was burning by the electron crushing, and tissue wa	21	sample.	21	A. You need her name?
24 whatever degree you can say it's chemical 25 testing or physical testing.  Page 135  Page 135  Q. You did gross observations, correct?  A. Yes.  Q. You did staining, correct?  A. Yes.  Q. You did pathological analysis of the slides that were made, correct?  A. Yes.  Q. You did some electron microscopy, correct?  A. Only to a limited number of samples.  Q. Any other testing, though, that you  did?  A. No.  A. A. No.  C. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable?"  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece.  Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's no filaments, and tissue was burning by the electron for ordinance. Then some samples for some reasons didn't cut well, they were crushing, and tissue was burning by the electron not turned to the were usable. So it's less than ten, more than five, somewhere in that range.  Who did you submit the mesh specimens  You d	22	Q. So the 130 explanted mesh specimens	22	Q. Yes.
Page 135  Page 135  Page 137  A. No. She processes the tissue as the technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid.  A. Yes.  Q. You did pathological analysis of the slides that were made, correct?  A. Yes.  Q. You did some electron microscopy, correct?  A. Yes.  Q. You did some electron microscopy, correct?  A. Only to a limited number of samples.  Q. Any other testing, though, that you did?  A. No.  She processes the tissue as the technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid.  Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. You did some electron microscopy on in total out of the 130 them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece.  Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples for some reasons didn't cut well, they were crushing, and tissue was burning by the electron	23		23	
Page 135  Q. You did gross observations, correct?  A. Yes.  Q. You did staining, correct?  A. Yes.  Q. You did pathological analysis of the slides that were made, correct?  A. Only to a limited number of samples.  Q. Any other testing, though, that you  did?  A. No.  A. No.  Page 137  A. No. She processes the tissue as the technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid.  Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. Any other testing, though, that you  did?  A. No.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece.  Mo did you submit the mesh specimens  Who did you submit the mesh specimens  Who did you submit the mesh specimens  Who did you submit the mesh specimens  You don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples for some reasons didn't cut well, they were crushing, and tissue was burning by the electron crushing.	24	whatever degree you can say it's chemical	24	Q. Does Sandy Cohen look at these images
1 Q. You did gross observations, correct? 2 A. Yes. 3 Q. You did staining, correct? 4 A. Yes. 5 Q. You did pathological analysis of the 6 slides that were made, correct? 7 A. Yes. 7 She operates the electron microscopy. 8 Q. You did some electron microscopy, 9 correct? 9 A. Only to a limited number of samples. 10 Q. Any other testing, though, that you 11 did? 12 did? 13 A. No. 14 Q. Do you know how many samples you did 15 electron microscopy on in total out of the 130 16 explanted mesh specimens? 17 A. I think I submitted for electron 18 analysis up to ten samples, but not all of them 19 were usable. So it's less than ten, more than 10 Q. Who did you submit them to? Strike 21 Who did you submit the mesh specimens 22 Who did you submit the mesh specimens 24 to for the electron microscopy? 24 crushing, and tissue was burning by the electron 25 for some reasons didn't cut well, they were 26 crushing, and tissue was burning by the electron	25	testing or physical testing.	25	under the electron microscope?
2 A. Yes. 3 Q. You did staining, correct? 4 A. Yes. 4 Diock, request for her to cut thin sections from 5 Q. You did pathological analysis of the 6 slides that were made, correct? 6 Then she calls me when the grid is ready, and 7 A. Yes. 7 She operates the electron microscope. I point 8 Q. You did some electron microscopy, 9 correct? 9 take pictures, and then I interpret these 10 A. Only to a limited number of samples. 11 Q. Any other testing, though, that you 12 did? 13 A. No. 14 Q. Do you know how many samples you did 15 electron microscopy on in total out of the 130 16 explanted mesh specimens? 17 A. I think I submitted for electron 18 analysis up to ten samples, but not all of them 19 were usable. So it's less than ten, more than 19 if ye, somewhere in that range. 20 Who did you submit them to? Strike 21 Who did you submit the mesh specimens 22 to for the electron microscopy? 24 to for the electron microscopy? 25 that. 26 technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she outs for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she outs flow, if yeard, and she cuts which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she outs flow, specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope, I point where she needs to go and where she needs to she operates the electron microscope, I point where she needs to go and where she needs to she operates the electron microscope, I point where she needs to go and where she needs to she operates the electron microscope, I point where she needs to go and where she needs to she operates the electron microscope, I point where she needs to	1	Page 135		Page 137
3 me blue sections which are thicker. I select a 4 A. Yes. 4 A. Yes. 5 Q. You did pathological analysis of the 6 slides that were made, correct? 6 Islides that were made, correct? 7 A. Yes. 7 she operates the electron microscope. I point 8 Q. You did some electron microscopy, 9 correct? 9 take pictures, and then I interpret these 10 A. Only to a limited number of samples. 11 Q. Any other testing, though, that you 12 did? 13 A. No. 14 Q. Do you know how many samples you did 15 electron microscopy on in total out of the 130 16 explanted mesh specimens? 17 A. I think I submitted for electron 18 analysis up to ten samples, but not all of them 19 were usable. So it's less than ten, more than 19 G. Who did you submit them to? Strike 20 Who did you submit the mesh specimens 21 Who did you submit the mesh specimens 22 Who did you submit the mesh specimens 23 Who did you submit the mesh specimens 24 to for the electron microscopy? 24 crushing, and tissue was burning by the electron		O V 1'1 1 1' 49	1	A N. Cl. 41 4
4 A. Yes. 5 Q. You did pathological analysis of the 6 slides that were made, correct? 6 Then she calls me when the grid is ready, and 7 A. Yes. 7 she operates the electron microscope. I point 8 Q. You did some electron microscopy, 8 where she needs to go and where she needs to 9 correct? 9 take pictures, and then I interpret these 10 A. Only to a limited number of samples. 11 Q. Any other testing, though, that you 12 pictures. 13 A. No. 14 Q. Do you know how many samples you did 15 electron microscopy on in total out of the 130 16 explanted mesh specimens? 17 A. I think I submitted for electron 18 analysis up to ten samples, but not all of them 19 were usable. So it's less than ten, more than 19 G. Who did you submit them to? Strike 20 Uho did you submit the mesh specimens 21 Who did you submit the mesh specimens 22 that. 23 Who did you submit the mesh specimens 24 to for the electron microscopy? 24 block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and specific block. Then she prepares a grid. Then she calls me when the grid is ready, and specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable? A. Yes. Q. What do you mean by that, "not all of them turned out usable." A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples				_
Sometimes you don't examine.  Q. You did pathological analysis of the slides that were made, correct?  A. Yes.  Q. You did some electron microscopy, Sometimes you don't get the filament analysis up to ten samples, but not all of them user usable. So it's less than ten, more than  Q. Who did you submit them to? Strike  Who did you submit the mesh specimens  Who did you submit them to? Strike  Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece.  Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples for some reasons didn't cut well, they were crushing, and tissue was burning by the electron	2	A. Yes.	2	technicians do, and she cuts sections, she gives
6 slides that were made, correct? 6 Then she calls me when the grid is ready, and 7 A. Yes. 7 she operates the electron microscope. I point 8 Q. You did some electron microscopy, 9 correct? 9 take pictures, and then I interpret these 10 A. Only to a limited number of samples. 11 Q. Any other testing, though, that you 12 pictures. 13 A. No. 14 Q. Do you know how many samples you did 15 electron microscopy on in total out of the 130 16 explanted mesh specimens? 17 A. I think I submitted for electron 18 analysis up to ten samples, but not all of them 19 were usable. So it's less than ten, more than 19 five, somewhere in that range. 20 G. Who did you submit them to? Strike 21 that. 22 no filament, I don't examine. Then some samples 23 Who did you submit the mesh specimens 24 to for the electron microscopy? 24 crushing, and tissue was burning by the electron	2 3	<ul><li>A. Yes.</li><li>Q. You did staining, correct?</li></ul>	2 3	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a
A. Yes.  Q. You did some electron microscopy, correct?  A. Only to a limited number of samples.  Q. Any other testing, though, that you did?  A. No.  A. No.  Q. Do you know how many samples you did electron microscopy on in total out of the 130  explanted mesh specimens?  A. I think I submitted for electron analysis up to ten samples, but not all of them five, somewhere in that range.  Q. Who did you submit them to? Strike to for the electron microscopy?  She operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes. Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples for some reasons didn't cut well, they were crushing, and tissue was burning by the electron	2 3 4	<ul><li>A. Yes.</li><li>Q. You did staining, correct?</li><li>A. Yes.</li></ul>	2 3 4	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from
Q. You did some electron microscopy, correct?  A. Only to a limited number of samples.  Q. Any other testing, though, that you did?  A. No.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. I think I submitted for electron analysis up to ten samples, but not all of them analysis up to ten samples, but not all of them five, somewhere in that range. Q. Who did you submit them to? Strike to for the electron microscopy?  Where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes. Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples for some reasons didn't cut well, they were crushing, and tissue was burning by the electron	2 3 4 5	<ul><li>A. Yes.</li><li>Q. You did staining, correct?</li><li>A. Yes.</li><li>Q. You did pathological analysis of the</li></ul>	2 3 4 5	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid.
take pictures, and then I interpret these  A. Only to a limited number of samples.  Q. Any other testing, though, that you  did?  A. No.  A. No.  Obeyou know how many samples you did  electron microscopy on in total out of the 130  explanted mesh specimens?  A. I think I submitted for electron  analysis up to ten samples, but not all of them  analysis up to ten samples, but not all of them  samples.  Description of the electron microscopy on millimeter piece.  five, somewhere in that range.  Q. Who did you submit them to? Strike  Who did you submit the mesh specimens  yet take pictures, and then I interpret these  pictures.  Q. You said you submitted up to ten mesh  specimens for the electron microscopy, but not  all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece.  Sometimes you get a filament, sometimes you  don't. My interest is in filaments. If there's that.  Q. Who did you submit the mesh specimens  and then I interpret these pictures.  Q. You said you submit themesh specimens  A. Yes.  A. Yes.  A. Yes.  A. Sometimes out usable?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples for some reasons didn't cut well, they were to for the electron microscopy?	2 3 4 5 6	<ul><li>A. Yes.</li><li>Q. You did staining, correct?</li><li>A. Yes.</li><li>Q. You did pathological analysis of the slides that were made, correct?</li></ul>	2 3 4 5 6	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and
A. Only to a limited number of samples.  Q. Any other testing, though, that you  did?  A. No.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not  all of them turned out usable?  A. Yes.  Do you know how many samples you did electron microscopy on in total out of the 130  electron microscopy on in total out of the 130  feexplanted mesh specimens?  A. I think I submitted for electron  analysis up to ten samples, but not all of them  analysis up to ten samples, but not all of them  were usable. So it's less than ten, more than  five, somewhere in that range.  Q. Who did you submit them to? Strike  that.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not  all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece.  Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's that.  Q. Who did you submit the mesh specimens  Who did you submit the mesh specimens  Then some samples for some reasons didn't cut well, they were crushing, and tissue was burning by the electron	2 3 4 5 6 7	<ul> <li>A. Yes.</li> <li>Q. You did staining, correct?</li> <li>A. Yes.</li> <li>Q. You did pathological analysis of the slides that were made, correct?</li> <li>A. Yes.</li> </ul>	2 3 4 5 6 7	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point
Q. Any other testing, though, that you did?  A. No.  Q. Do you know how many samples you did electron microscopy on in total out of the 130 electron microscopy on in total out of the 130 explanted mesh specimens?  A. I think I submitted for electron analysis up to ten samples, but not all of them ever usable. So it's less than ten, more than electron microscopy on that range.  Q. Who did you submit the mesh specimens  20 G. Who did you submit the mesh specimens 21 Who did you submit the mesh specimens 22 Who did you submit the mesh specimens 23 Who did you submit the mesh specimens 24 University of the electron microscopy?  11 Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not 12 A. Yes. Q. What do you mean by that, "not all of them turned out usable"? A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples for some reasons didn't cut well, they were crushing, and tissue was burning by the electron	2 3 4 5 6 7 8	<ul> <li>A. Yes.</li> <li>Q. You did staining, correct?</li> <li>A. Yes.</li> <li>Q. You did pathological analysis of the slides that were made, correct?</li> <li>A. Yes.</li> <li>Q. You did some electron microscopy,</li> </ul>	2 3 4 5 6 7 8	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to
12 did? 13 A. No. 14 Q. Do you know how many samples you did 15 electron microscopy on in total out of the 130 16 explanted mesh specimens? 17 A. I think I submitted for electron 18 analysis up to ten samples, but not all of them 19 were usable. So it's less than ten, more than 19 five, somewhere in that range. 20 G. Who did you submit them to? Strike 21 that. 22 that. 23 Who did you submit the mesh specimens 24 to for the electron microscopy? 21 all of them turned out usable? 22 A. Yes. 23 A. Yes. 26 A. Yes. 27 A. Yes. 28 A. Yes. 29 A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. 29 Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples for some reasons didn't cut well, they were crushing, and tissue was burning by the electron	2 3 4 5 6 7 8 9	<ul> <li>A. Yes.</li> <li>Q. You did staining, correct?</li> <li>A. Yes.</li> <li>Q. You did pathological analysis of the slides that were made, correct?</li> <li>A. Yes.</li> <li>Q. You did some electron microscopy, correct?</li> </ul>	2 3 4 5 6 7 8	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these
A. No.  Q. Do you know how many samples you did electron microscopy on in total out of the 130  14 A. Yes.  Q. What do you mean by that, "not all of them turned out usable?  Q. What do you mean by that, "not all of them turned out usable"?  A. I think I submitted for electron  17 A. Sometimes you don't get the filament  18 analysis up to ten samples, but not all of them  18 in the section because it's a very small piece,  19 were usable. So it's less than ten, more than  19 it's pretty much one-by-one millimeter piece.  20 Sometimes you get a filament, sometimes you  21 Q. Who did you submit them to? Strike  22 that.  22 that.  23 Who did you submit the mesh specimens  24 to for the electron microscopy?  24 crushing, and tissue was burning by the electron	2 3 4 5 6 7 8 9	<ul> <li>A. Yes.</li> <li>Q. You did staining, correct?</li> <li>A. Yes.</li> <li>Q. You did pathological analysis of the slides that were made, correct?</li> <li>A. Yes.</li> <li>Q. You did some electron microscopy, correct?</li> <li>A. Only to a limited number of samples.</li> </ul>	2 3 4 5 6 7 8 9	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.
Q. Do you know how many samples you did electron microscopy on in total out of the 130  cexplanted mesh specimens?  A. I think I submitted for electron  analysis up to ten samples, but not all of them  were usable. So it's less than ten, more than  five, somewhere in that range.  Q. What do you mean by that, "not all of them utrned out usable"?  A. Sometimes you don't get the filament  in the section because it's a very small piece,  it's pretty much one-by-one millimeter piece.  Sometimes you get a filament, sometimes you  Q. Who did you submit them to? Strike  that.  Q. Who did you submit the mesh specimens  Who did you submit the mesh specimens  Then some samples  for some reasons didn't cut well, they were  crushing, and tissue was burning by the electron	2 3 4 5 6 7 8 9 10	<ul> <li>A. Yes.</li> <li>Q. You did staining, correct?</li> <li>A. Yes.</li> <li>Q. You did pathological analysis of the slides that were made, correct?</li> <li>A. Yes.</li> <li>Q. You did some electron microscopy, correct?</li> <li>A. Only to a limited number of samples.</li> <li>Q. Any other testing, though, that you</li> </ul>	2 3 4 5 6 7 8 9 10	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh
electron microscopy on in total out of the 130  15 Q. What do you mean by that, "not all of them turned out usable"?  16 A. I think I submitted for electron  17 A. Sometimes you don't get the filament  18 analysis up to ten samples, but not all of them  19 were usable. So it's less than ten, more than  20 five, somewhere in that range.  20 Sometimes you get a filament, sometimes you  21 Q. Who did you submit them to? Strike  22 that.  23 Who did you submit the mesh specimens  24 to for the electron microscopy?  25 Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament  18 in the section because it's a very small piece,  19 it's pretty much one-by-one millimeter piece.  20 Sometimes you get a filament, sometimes you  21 don't. My interest is in filaments. If there's  22 no filament, I don't examine. Then some samples  23 for some reasons didn't cut well, they were  24 crushing, and tissue was burning by the electron	2 3 4 5 6 7 8 9 10 11 12	<ul> <li>A. Yes.</li> <li>Q. You did staining, correct?</li> <li>A. Yes.</li> <li>Q. You did pathological analysis of the slides that were made, correct?</li> <li>A. Yes.</li> <li>Q. You did some electron microscopy, correct?</li> <li>A. Only to a limited number of samples.</li> <li>Q. Any other testing, though, that you did?</li> </ul>	2 3 4 5 6 7 8 9 10 11	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not
them turned out usable"?  A. I think I submitted for electron analysis up to ten samples, but not all of them were usable. So it's less than ten, more than five, somewhere in that range.  Q. Who did you submit them to? Strike that.  Who did you submit the mesh specimens Who did you submit the mesh specimens to for the electron microscopy?  them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples for some reasons didn't cut well, they were crushing, and tissue was burning by the electron	2 3 4 5 6 7 8 9 10 11 12 13	<ul> <li>A. Yes.</li> <li>Q. You did staining, correct?</li> <li>A. Yes.</li> <li>Q. You did pathological analysis of the slides that were made, correct?</li> <li>A. Yes.</li> <li>Q. You did some electron microscopy, correct?</li> <li>A. Only to a limited number of samples.</li> <li>Q. Any other testing, though, that you did?</li> <li>A. No.</li> </ul>	2 3 4 5 6 7 8 9 10 11 12 13	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?
A. I think I submitted for electron  18 analysis up to ten samples, but not all of them  19 were usable. So it's less than ten, more than  20 five, somewhere in that range.  21 Q. Who did you submit them to? Strike  22 that.  23 Who did you submit the mesh specimens  24 to for the electron microscopy?  A. Sometimes you don't get the filament  18 in the section because it's a very small piece,  19 it's pretty much one-by-one millimeter piece.  20 Sometimes you get a filament, sometimes you  21 don't. My interest is in filaments. If there's  22 no filament, I don't examine. Then some samples  23 for some reasons didn't cut well, they were  24 crushing, and tissue was burning by the electron	2 3 4 5 6 7 8 9 10 11 12 13 14	<ul> <li>A. Yes.</li> <li>Q. You did staining, correct?</li> <li>A. Yes.</li> <li>Q. You did pathological analysis of the slides that were made, correct?</li> <li>A. Yes.</li> <li>Q. You did some electron microscopy, correct?</li> <li>A. Only to a limited number of samples.</li> <li>Q. Any other testing, though, that you did?</li> <li>A. No.</li> <li>Q. Do you know how many samples you did</li> </ul>	2 3 4 5 6 7 8 9 10 11 12 13 14	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid.  Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.
analysis up to ten samples, but not all of them were usable. So it's less than ten, more than five, somewhere in that range.  Q. Who did you submit them to? Strike that.  Who did you submit the mesh specimens to for the electron microscopy?  18 in the section because it's a very small piece, 19 it's pretty much one-by-one millimeter piece. 20 Sometimes you get a filament, sometimes you 21 don't. My interest is in filaments. If there's 22 no filament, I don't examine. Then some samples 23 for some reasons didn't cut well, they were 24 crushing, and tissue was burning by the electron	2 3 4 5 6 7 8 9 10 11 12 13 14 15	<ul> <li>A. Yes.</li> <li>Q. You did staining, correct?</li> <li>A. Yes.</li> <li>Q. You did pathological analysis of the slides that were made, correct?</li> <li>A. Yes.</li> <li>Q. You did some electron microscopy, correct?</li> <li>A. Only to a limited number of samples.</li> <li>Q. Any other testing, though, that you did?</li> <li>A. No.</li> <li>Q. Do you know how many samples you did electron microscopy on in total out of the 130</li> </ul>	2 3 4 5 6 7 8 9 10 11 12 13 14 15	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid.  Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of
were usable. So it's less than ten, more than  19 it's pretty much one-by-one millimeter piece.  20 five, somewhere in that range.  20 Sometimes you get a filament, sometimes you  21 Q. Who did you submit them to? Strike  22 that.  23 Who did you submit the mesh specimens  24 to for the electron microscopy?  29 it's pretty much one-by-one millimeter piece.  20 Sometimes you get a filament, sometimes you  21 don't. My interest is in filaments. If there's  22 no filament, I don't examine. Then some samples  23 for some reasons didn't cut well, they were  24 crushing, and tissue was burning by the electron	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	<ul> <li>A. Yes.</li> <li>Q. You did staining, correct?</li> <li>A. Yes.</li> <li>Q. You did pathological analysis of the slides that were made, correct?</li> <li>A. Yes.</li> <li>Q. You did some electron microscopy, correct?</li> <li>A. Only to a limited number of samples.</li> <li>Q. Any other testing, though, that you did?</li> <li>A. No.</li> <li>Q. Do you know how many samples you did electron microscopy on in total out of the 130 explanted mesh specimens?</li> </ul>	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?
five, somewhere in that range.  Q. Who did you submit them to? Strike  that.  Who did you submit the mesh specimens  Who did you submit the mesh specimens  to for the electron microscopy?  20 Sometimes you get a filament, sometimes you  don't. My interest is in filaments. If there's  no filament, I don't examine. Then some samples  for some reasons didn't cut well, they were  crushing, and tissue was burning by the electron	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	<ul> <li>A. Yes.</li> <li>Q. You did staining, correct?</li> <li>A. Yes.</li> <li>Q. You did pathological analysis of the slides that were made, correct?</li> <li>A. Yes.</li> <li>Q. You did some electron microscopy, correct?</li> <li>A. Only to a limited number of samples.</li> <li>Q. Any other testing, though, that you did?</li> <li>A. No.</li> <li>Q. Do you know how many samples you did electron microscopy on in total out of the 130 explanted mesh specimens?</li> <li>A. I think I submitted for electron</li> </ul>	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament
Q. Who did you submit them to? Strike 21 don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples for some reasons didn't cut well, they were to for the electron microscopy? 24 crushing, and tissue was burning by the electron	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. You did staining, correct? A. Yes. Q. You did pathological analysis of the slides that were made, correct? A. Yes. Q. You did some electron microscopy, correct? A. Only to a limited number of samples. Q. Any other testing, though, that you did? A. No. Q. Do you know how many samples you did electron microscopy on in total out of the 130 explanted mesh specimens? A. I think I submitted for electron analysis up to ten samples, but not all of them	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid.  Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece,
that. 22 no filament, I don't examine. Then some samples Who did you submit the mesh specimens 23 for some reasons didn't cut well, they were to for the electron microscopy? 24 crushing, and tissue was burning by the electron	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. Yes. Q. You did staining, correct? A. Yes. Q. You did pathological analysis of the slides that were made, correct? A. Yes. Q. You did some electron microscopy, correct? A. Only to a limited number of samples. Q. Any other testing, though, that you did? A. No. Q. Do you know how many samples you did electron microscopy on in total out of the 130 explanted mesh specimens? A. I think I submitted for electron analysis up to ten samples, but not all of them were usable. So it's less than ten, more than	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid.  Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece.
Who did you submit the mesh specimens 23 for some reasons didn't cut well, they were crushing, and tissue was burning by the electron	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Yes. Q. You did staining, correct? A. Yes. Q. You did pathological analysis of the slides that were made, correct? A. Yes. Q. You did some electron microscopy, correct? A. Only to a limited number of samples. Q. Any other testing, though, that you did? A. No. Q. Do you know how many samples you did electron microscopy on in total out of the 130 explanted mesh specimens? A. I think I submitted for electron analysis up to ten samples, but not all of them were usable. So it's less than ten, more than five, somewhere in that range.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. Sometimes you get a filament, sometimes you
24 to for the electron microscopy? 24 crushing, and tissue was burning by the electron	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. You did staining, correct? A. Yes. Q. You did pathological analysis of the slides that were made, correct? A. Yes. Q. You did some electron microscopy, correct? A. Only to a limited number of samples. Q. Any other testing, though, that you did? A. No. Q. Do you know how many samples you did electron microscopy on in total out of the 130 explanted mesh specimens? A. I think I submitted for electron analysis up to ten samples, but not all of them were usable. So it's less than ten, more than five, somewhere in that range. Q. Who did you submit them to? Strike	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. You did staining, correct? A. Yes. Q. You did pathological analysis of the slides that were made, correct? A. Yes. Q. You did some electron microscopy, correct? A. Only to a limited number of samples. Q. Any other testing, though, that you did? A. No. Q. Do you know how many samples you did electron microscopy on in total out of the 130 explanted mesh specimens? A. I think I submitted for electron analysis up to ten samples, but not all of them were usable. So it's less than ten, more than five, somewhere in that range. Q. Who did you submit them to? Strike that.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Yes. Q. You did staining, correct? A. Yes. Q. You did pathological analysis of the slides that were made, correct? A. Yes. Q. You did some electron microscopy, correct? A. Only to a limited number of samples. Q. Any other testing, though, that you did? A. No. Q. Do you know how many samples you did electron microscopy on in total out of the 130 explanted mesh specimens? A. I think I submitted for electron analysis up to ten samples, but not all of them were usable. So it's less than ten, more than five, somewhere in that range. Q. Who did you submit them to? Strike that. Who did you submit the mesh specimens	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples for some reasons didn't cut well, they were
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	A. Yes. Q. You did staining, correct? A. Yes. Q. You did pathological analysis of the slides that were made, correct? A. Yes. Q. You did some electron microscopy, correct? A. Only to a limited number of samples. Q. Any other testing, though, that you did? A. No. Q. Do you know how many samples you did electron microscopy on in total out of the 130 explanted mesh specimens? A. I think I submitted for electron analysis up to ten samples, but not all of them were usable. So it's less than ten, more than five, somewhere in that range. Q. Who did you submit them to? Strike that. Who did you submit the mesh specimens to for the electron microscopy?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	technicians do, and she cuts sections, she gives me blue sections which are thicker. I select a block, request for her to cut thin sections from a specific block. Then she prepares a grid. Then she calls me when the grid is ready, and she operates the electron microscope. I point where she needs to go and where she needs to take pictures, and then I interpret these pictures.  Q. You said you submitted up to ten mesh specimens for the electron microscopy, but not all of them turned out usable?  A. Yes.  Q. What do you mean by that, "not all of them turned out usable"?  A. Sometimes you don't get the filament in the section because it's a very small piece, it's pretty much one-by-one millimeter piece. Sometimes you get a filament, sometimes you don't. My interest is in filaments. If there's no filament, I don't examine. Then some samples for some reasons didn't cut well, they were crushing, and tissue was burning by the electron

	Page 138		Page 140
1	Q. The electron beam can burn tissue?	1	communications relating to any publications,
2	A. Yes. Plastic, imbedded plastic,	2	proposed publications, or draft submissions for
3	mainly imbedded plastic. Plastic deforms, and	3	publication authored by you relating to pelvic
4	you cannot take a picture.	4	mesh, pelvic organ prolapse, or stress urinary
5	Q. You said	5	incontinence."
6	A. The techniques how you avoid that, you	6	Do you have any such documents?
7	start warming it up from edges.	7	A. No. If I had them published I would
8	Q. The plastic can burn under the	8	have disclosed them. But since they're not
9	electron microscope?	9	published, I have concerns, and I think it's
10	A. It melts, softens.	10	privileged.
11	Q. When you said Sandy prepares the grid,	11	Q. What's your reason for strike that.
12	what do you mean by that?	12	So you do have documents or
13	A. See, the electron microscope is	13	communications relating to these publications,
14	different than regular microscope. So electron	14	but you haven't brought them here today,
15	beam, and for electron beam you need very small	15	correct?
16	sections, it's practically one-by-one millimeter	16	A. Well, the drafts, we work on drafts.
17	section. So this tissue which is about one	17	Q. But you didn't bring the drafts here
18	micrometer, thicker, I don't remember exactly,	18	today, correct?
19	you cannot put it on anything, it has to be	19	A. No.
20	hanging in the air. So there is a specific	20	Q. And these are drafts that involve
21	copper grill, sort of round grill with bars like	21	other Plaintiffs' experts like Dr. Steege,
22	this supporting the tissue. So the tissue is	22	Blaivas, Guelcher, or Dunn?
23	being placed freely on this grid, and then you	23	A. Not all. I have publications and
24	look through holes, you look through the tissue	24	drafts outside of this group. One involves
25	within the holes.	25	Dr. Guelcher, but not all.
	Dama 120		Dana 141
1	Page 139	1	Page 141
2	Q. So the electrons pass through the copper into the tissue, and that's what you see,	1 2	Q. Do you have any other publications involving these topics?
3	or is it down?	3	MR. FABRY: Objection to form.
4	A. They don't pass through the copper.	4	BY MR. SNELL:
5	They pass through the tissue in the holes of the	5	Q. Strike that.
6	grid.	6	Do you have any other drafts of
7	Q. Okay.	7	publications involving the topics identified in
8	A. So it looks like this (indicating).	8	number 20?
9	If you magnify it, so the tissue is here, and	9	
10			A. Again, nothing accepted and published.
	you can see square holes, and this is copper, then you just examine tissue in the hole.	10	And the drafts, I have only drafts.
11 12	Q. Okay. You have records back at your	12	Q. And you didn't bring those because you
13			believe they're somehow confidential or
13 14	lab showing which specimens were not ultimately usable?	13	privileged?
15	A. Yes, it can be retrieved. But these	15	<ul><li>A. Privileged, yes.</li><li>Q. Did you talk to any of the are</li></ul>
16		16	· · · · · · · · · · · · · · · · · · ·
	samples were from different litigation process, and some of them were from St. Michael's		these drafts that have been submitted to a
17 18		17 18	journal?
	patients. So		A. Well, we discussed pre-submission
19 20	Q. How many of them are TVT-O meshes?	19	inquiries.
	A. One, and it was St. Michael's patient.	20	Q. So this is the same thing we discussed
21	One was usable, and you have pictures in the	21	earlier?
22	report of it.	22	A. Yes.
() ()	Q. That wasn't Mrs. Edwards, correct?	23	Q. The pre-submission inquiries?
23		24	A V
23 24 25	<ul><li>A. This wasn't Mrs. Edwards.</li><li>Q. Number 20, "All documents or</li></ul>	24 25	<ul><li>A. Yes.</li><li>Q. Have you had discussions with any of</li></ul>

36 (Pages 138 to 141)

	Page 142		Page 144
1	the journal editors about whether or not you can	1	lectures more, sort of broad lectures to medical
2	release these in this litigation?	2	students in Winnipeg, now here I'm more involved
3	A. No.	3	in this case-based learning.
4	Q. Number 22, "Any letters, brochures,	4	Q. Is there a formal textbook in this
5	promotions, or other documents which you	5	case-based learning?
6	advertise or discuss your work or availability	6	A. There are recommended textbooks for
7	as an expert or consultant."	7	students.
8	A. No, because I'm not an expert in terms	8	Q. Do you know what those are?
9	of I don't make living by working as an expert.	9	A. One of them is a bible, Robbins,
10	Q. Do you advertise your services as an	10	usually called Robbins. There's another one by
11	expert?	11	Anderson, first author. And usually Facultative
12	A. No.	12	Medicine compiles a list of recommended
13	Q. 23, "Copies of the syllabus and texts	13	literature, if they use that specific book or
14	used in any teaching setting by you."	14	another one.
15	A. That's very broad. If I go back to my	15	Q. Robbins text in pathology is the basic
16	medical school, I started teaching my younger	16	text you were referring to?
17	students, that dates back to late '80s. Do you	17	A. Yes, it's very basic. There are two
18	want me to bring all of that?	18	versions of it; one is for medical students, one
19	Q. Are you currently teaching any	19	is for residents. There's not just only one, I
20	students in any medical school?	20	mean there are so many books in pathology.
21	A. Yes. I'm an academic physician.	21	Q. Do you teach the postgraduate
22	Q. What's your are you an associate	22	residents?
23	professor?	23	A. Yes.
24	A. Assistant. Hopefully I will become	24	Q. What course do you teach them?
25	associate soon.	25	A. Anatomical pathology.
	Dago 142		Dago 14F
	Page 143		Page 145
1	Q. What classes do you currently teach?	1	Q. Are there any recommended texts that
2	A. We have undergraduate medical	2	you suggest to them, the postgraduate residents,
3	students, we teach pathology course. We have	3	for the anatomic pathology?
4	postgraduate residents, so we teach them. I	4	A. They need to use textbooks, broad
5	also give lectures to physiotherapists, there's	5	anatomical pathology textbooks. They need to
6	a course for physiotherapists. And I teach	6	use books written for specific subspecialties.
7	pathologists at the conference, I conduct		
	-	7	They need to do literature search. We evaluate
8	workshops.	8	They need to do literature search. We evaluate them for ability to absorb all of that, and
9	workshops.  Q. The pathology; do you teach pathology	8 9	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable
9 10	workshops.  Q. The pathology; do you teach pathology to undergraduate students?	8 9 10	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge
9 10 11	workshops.  Q. The pathology; do you teach pathology to undergraduate students?  A. Yes.	8 9 10 11	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.
9 10 11 12	workshops. Q. The pathology; do you teach pathology to undergraduate students? A. Yes. Q. What course is that?	8 9 10 11 12	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.  Q. Do you recommend, is Robbins Pathology
9 10 11 12 13	workshops. Q. The pathology; do you teach pathology to undergraduate students? A. Yes. Q. What course is that? A. Pathology.	8 9 10 11 12 13	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.  Q. Do you recommend, is Robbins Pathology recommended to the postgraduate residents?
9 10 11 12 13 14	workshops. Q. The pathology; do you teach pathology to undergraduate students? A. Yes. Q. What course is that? A. Pathology. Q. Just basic pathology, Pathology 101?	8 9 10 11 12 13 14	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.  Q. Do you recommend, is Robbins Pathology recommended to the postgraduate residents?  A. Only in the first year.
9 10 11 12 13 14 15	workshops. Q. The pathology; do you teach pathology to undergraduate students? A. Yes. Q. What course is that? A. Pathology. Q. Just basic pathology, Pathology 101? A. It's pathology sort of in relation	8 9 10 11 12 13 14 15	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.  Q. Do you recommend, is Robbins Pathology recommended to the postgraduate residents?  A. Only in the first year.  Q. Any other texts by name that you
9 10 11 12 13 14 15	workshops. Q. The pathology; do you teach pathology to undergraduate students? A. Yes. Q. What course is that? A. Pathology. Q. Just basic pathology, Pathology 101? A. It's pathology sort of in relation with clinical symptoms. It's mostly	8 9 10 11 12 13 14 15	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.  Q. Do you recommend, is Robbins Pathology recommended to the postgraduate residents?  A. Only in the first year.  Q. Any other texts by name that you recall as you sit here today?
9 10 11 12 13 14 15 16 17	workshops. Q. The pathology; do you teach pathology to undergraduate students? A. Yes. Q. What course is that? A. Pathology. Q. Just basic pathology, Pathology 101? A. It's pathology sort of in relation with clinical symptoms. It's mostly problem-based learning, like scenario, somebody	8 9 10 11 12 13 14 15 16 17	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.  Q. Do you recommend, is Robbins Pathology recommended to the postgraduate residents?  A. Only in the first year.  Q. Any other texts by name that you recall as you sit here today?  A. Yeah. I mean Sternberg is one good
9 10 11 12 13 14 15 16 17	workshops. Q. The pathology; do you teach pathology to undergraduate students? A. Yes. Q. What course is that? A. Pathology. Q. Just basic pathology, Pathology 101? A. It's pathology sort of in relation with clinical symptoms. It's mostly problem-based learning, like scenario, somebody comes with cough, and then we solve into what	8 9 10 11 12 13 14 15 16 17	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.  Q. Do you recommend, is Robbins Pathology recommended to the postgraduate residents?  A. Only in the first year.  Q. Any other texts by name that you recall as you sit here today?  A. Yeah. I mean Sternberg is one good book which compiles pretty much all of
9 10 11 12 13 14 15 16 17 18	workshops. Q. The pathology; do you teach pathology to undergraduate students? A. Yes. Q. What course is that? A. Pathology. Q. Just basic pathology, Pathology 101? A. It's pathology sort of in relation with clinical symptoms. It's mostly problem-based learning, like scenario, somebody comes with cough, and then we solve into what pathology is behind it, and what the	8 9 10 11 12 13 14 15 16 17 18	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.  Q. Do you recommend, is Robbins Pathology recommended to the postgraduate residents?  A. Only in the first year.  Q. Any other texts by name that you recall as you sit here today?  A. Yeah. I mean Sternberg is one good book which compiles pretty much all of anatomical pathology, or most of it.
9 10 11 12 13 14 15 16 17	workshops. Q. The pathology; do you teach pathology to undergraduate students? A. Yes. Q. What course is that? A. Pathology. Q. Just basic pathology, Pathology 101? A. It's pathology sort of in relation with clinical symptoms. It's mostly problem-based learning, like scenario, somebody comes with cough, and then we solve into what pathology is behind it, and what the implications, what we may see under the	8 9 10 11 12 13 14 15 16 17 18 19 20	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.  Q. Do you recommend, is Robbins Pathology recommended to the postgraduate residents?  A. Only in the first year.  Q. Any other texts by name that you recall as you sit here today?  A. Yeah. I mean Sternberg is one good book which compiles pretty much all of anatomical pathology, or most of it.  There are some other books. Rosai is
9 10 11 12 13 14 15 16 17 18 19 20 21	workshops. Q. The pathology; do you teach pathology to undergraduate students? A. Yes. Q. What course is that? A. Pathology. Q. Just basic pathology, Pathology 101? A. It's pathology sort of in relation with clinical symptoms. It's mostly problem-based learning, like scenario, somebody comes with cough, and then we solve into what pathology is behind it, and what the implications, what we may see under the microscope, and then what correlates with	8 9 10 11 12 13 14 15 16 17 18 19 20 21	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.  Q. Do you recommend, is Robbins Pathology recommended to the postgraduate residents?  A. Only in the first year.  Q. Any other texts by name that you recall as you sit here today?  A. Yeah. I mean Sternberg is one good book which compiles pretty much all of anatomical pathology, or most of it.  There are some other books. Rosai is a bible.
9 10 11 12 13 14 15 16 17 18 19 20 21 22	workshops. Q. The pathology; do you teach pathology to undergraduate students? A. Yes. Q. What course is that? A. Pathology. Q. Just basic pathology, Pathology 101? A. It's pathology sort of in relation with clinical symptoms. It's mostly problem-based learning, like scenario, somebody comes with cough, and then we solve into what pathology is behind it, and what the implications, what we may see under the microscope, and then what correlates with clinical symptoms.	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.  Q. Do you recommend, is Robbins Pathology recommended to the postgraduate residents?  A. Only in the first year.  Q. Any other texts by name that you recall as you sit here today?  A. Yeah. I mean Sternberg is one good book which compiles pretty much all of anatomical pathology, or most of it.  There are some other books. Rosai is a bible.  Q. How do you spell that?
9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	workshops. Q. The pathology; do you teach pathology to undergraduate students? A. Yes. Q. What course is that? A. Pathology. Q. Just basic pathology, Pathology 101? A. It's pathology sort of in relation with clinical symptoms. It's mostly problem-based learning, like scenario, somebody comes with cough, and then we solve into what pathology is behind it, and what the implications, what we may see under the microscope, and then what correlates with clinical symptoms. Q. Sort of like case analyses in	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.  Q. Do you recommend, is Robbins Pathology recommended to the postgraduate residents?  A. Only in the first year.  Q. Any other texts by name that you recall as you sit here today?  A. Yeah. I mean Sternberg is one good book which compiles pretty much all of anatomical pathology, or most of it.  There are some other books. Rosai is a bible.  Q. How do you spell that?  A. Rosai?
9 10 11 12 13 14 15 16 17 18 19 20 21 22	workshops. Q. The pathology; do you teach pathology to undergraduate students? A. Yes. Q. What course is that? A. Pathology. Q. Just basic pathology, Pathology 101? A. It's pathology sort of in relation with clinical symptoms. It's mostly problem-based learning, like scenario, somebody comes with cough, and then we solve into what pathology is behind it, and what the implications, what we may see under the microscope, and then what correlates with clinical symptoms.	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	They need to do literature search. We evaluate them for ability to absorb all of that, and independently find sources of reliable information, and then we teach them how to judge if the information is reliable.  Q. Do you recommend, is Robbins Pathology recommended to the postgraduate residents?  A. Only in the first year.  Q. Any other texts by name that you recall as you sit here today?  A. Yeah. I mean Sternberg is one good book which compiles pretty much all of anatomical pathology, or most of it.  There are some other books. Rosai is a bible.  Q. How do you spell that?

37 (Pages 142 to 145)

	Page 146		Page 148
1	And then there's a long list of	1	provided and that you considered in forming your
2	smaller subspecialties. Like if we go to	2	opinions."
3	gynecological track, it will be Blaustein. If	3	Is that we've discussed that, too?
4	we go to urogynecological track, it will be	4	That's materials on your materials list?
5	Amine. It's a long list. Depends on how narrow	5	A. Yes.
6	you want to go. If you want to go for specific	6	Q. Did they did the Plaintiffs'
7	disease, then it might be just one single book.	7	lawyers give you any other specific information
8	There's no list of recommended	8	about the Edwards or Huskey cases?
9	literature for postgraduate students or	9	A. Just clinical records. I requested
10	pathologists overall. We need to decide what is	10	clinical records, and I was given clinical
11	reliable. We do use some guidelines when it	11	records.
12	goes to specific questions of billing, eligible	12	Q. "Assumptions that Plaintiffs' counsel
13	to bill, or standard of practice in a specific	13	provided you and that you relied on."
14	geographic area.	14	Were any assumptions provided that you
15	Q. Is Robboy one of the gynecologic	15	relied upon?
16	pathology tests, R-O-B-B-O-Y?	16	A. No.
17	A. Can you spell it again.	17	Q. We can set that aside.
18	Q. R-O-B-B-O-Y.	18	MR. SNELL: Why don't we take a break.
19	A. No. At least not that I'm aware of.	19	(Whereupon, a recess was taken from
20	Q. You said you teach pathology at a	20	11:44 a.m. to 11:58 a.m.)
21	conference. What conference would that be?	21	BY MR. SNELL:
22	A. It was one in Canadian Association of	22	Q. We're back on the record.
23	Pathology annual meeting. Another one,	23	Can you tell me the total hours you've
24	Pathology Update organized by University of	24	spent as an expert in any of the strike that.
25	Charlton.	25	Can you tell me the total number of
	Page 147		Page 149
1	Q. Have you ever given any testimony or	1	
		1 +	hours you've spent serving as an expert in the
2	statements to the US Food & Drug Administration?	2	mesh litigation?
2	statements to the US Food & Drug Administration? A. No.		
	statements to the US Food & Drug Administration?  A. No.  Q. Have you ever given any statements or	2	mesh litigation?  A. You mean the number of hours I spent to prepare?
3	statements to the US Food & Drug Administration? A. No.	2 3	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've
3 4	statements to the US Food & Drug Administration? A. No. Q. Have you ever given any statements or testimony to any U.S. Government investigation? A. No.	2 3 4	mesh litigation?  A. You mean the number of hours I spent to prepare?
3 4 5	A. No. Q. Have you ever given any statements or testimony to any U.S. Government investigation?	2 3 4 5	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.
3 4 5 6	statements to the US Food & Drug Administration? A. No. Q. Have you ever given any statements or testimony to any U.S. Government investigation? A. No.	2 3 4 5 6	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh
3 4 5 6 7	A. No. Q. Have you ever given any statements or testimony to any U.S. Government investigation? A. No. Q. Sorry, U.S. Government department? A. No. Q. Have you given any statements or given	2 3 4 5 6 7	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.
3 4 5 6 7 8	A. No. Q. Have you ever given any statements or testimony to any U.S. Government investigation? A. No. Q. Sorry, U.S. Government department? A. No.	2 3 4 5 6 7 8	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to
3 4 5 6 7 8 9	A. No. Q. Have you ever given any statements or testimony to any U.S. Government investigation? A. No. Q. Sorry, U.S. Government department? A. No. Q. Have you given any statements or given	2 3 4 5 6 7 8 9	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent
3 4 5 6 7 8 9	A. No. Q. Have you ever given any statements or testimony to any U.S. Government investigation? A. No. Q. Sorry, U.S. Government department? A. No. Q. Have you given any statements or given testimony to the Canadian equivalent of the US	2 3 4 5 6 7 8 9	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent for specific report or for number of samples I
3 4 5 6 7 8 9 10	A. No. Q. Have you ever given any statements or testimony to any U.S. Government investigation? A. No. Q. Sorry, U.S. Government department? A. No. Q. Sorry, U.S. Government department? A. No. Q. Have you given any statements or given testimony to the Canadian equivalent of the US FDA?	2 3 4 5 6 7 8 9 10	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent for specific report or for number of samples I examined. I can estimate.
3 4 5 6 7 8 9 10 11	statements to the US Food & Drug Administration?  A. No. Q. Have you ever given any statements or testimony to any U.S. Government investigation?  A. No. Q. Sorry, U.S. Government department?  A. No. Q. Have you given any statements or given testimony to the Canadian equivalent of the US FDA?  A. No.	2 3 4 5 6 7 8 9 10 11	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent for specific report or for number of samples I examined. I can estimate.  So if I said about 70 samples, and it
3 4 5 6 7 8 9 10 11 12 13	statements to the US Food & Drug Administration?  A. No.  Q. Have you ever given any statements or testimony to any U.S. Government investigation?  A. No.  Q. Sorry, U.S. Government department?  A. No.  Q. Have you given any statements or given testimony to the Canadian equivalent of the US FDA?  A. No.  Q. Have you given any public statements	2 3 4 5 6 7 8 9 10 11 12 13	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent for specific report or for number of samples I examined. I can estimate.  So if I said about 70 samples, and it takes about one to two hours on average, maybe
3 4 5 6 7 8 9 10 11 12 13	statements to the US Food & Drug Administration? A. No. Q. Have you ever given any statements or testimony to any U.S. Government investigation? A. No. Q. Sorry, U.S. Government department? A. No. Q. Have you given any statements or given testimony to the Canadian equivalent of the US FDA? A. No. Q. Have you given any public statements concerning transvaginal mesh?	2 3 4 5 6 7 8 9 10 11 12 13	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent for specific report or for number of samples I examined. I can estimate.  So if I said about 70 samples, and it takes about one to two hours on average, maybe one and a half hours, so 70 times 1.5, so it's
3 4 5 6 7 8 9 10 11 12 13 14 15	A. No. Q. Have you ever given any statements or testimony to any U.S. Government investigation? A. No. Q. Sorry, U.S. Government department? A. No. Q. Have you given any statements or given testimony to the Canadian equivalent of the US FDA? A. No. Q. Have you given any public statements concerning transvaginal mesh? A. No.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent for specific report or for number of samples I examined. I can estimate.  So if I said about 70 samples, and it takes about one to two hours on average, maybe one and a half hours, so 70 times 1.5, so it's 105, then I prepare the reports, so it can go up
3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. No. Q. Have you ever given any statements or testimony to any U.S. Government investigation? A. No. Q. Sorry, U.S. Government department? A. No. Q. Have you given any statements or given testimony to the Canadian equivalent of the US FDA? A. No. Q. Have you given any public statements concerning transvaginal mesh? A. No. Q. Have you given any press interviews or	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent for specific report or for number of samples I examined. I can estimate.  So if I said about 70 samples, and it takes about one to two hours on average, maybe one and a half hours, so 70 times 1.5, so it's 105, then I prepare the reports, so it can go up to 130 hours, somewhere in that ball park.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. No. Q. Have you ever given any statements or testimony to any U.S. Government investigation? A. No. Q. Sorry, U.S. Government department? A. No. Q. Have you given any statements or given testimony to the Canadian equivalent of the US FDA? A. No. Q. Have you given any public statements concerning transvaginal mesh? A. No. Q. Have you given any press interviews or interviews with reporters regarding mesh?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent for specific report or for number of samples I examined. I can estimate.  So if I said about 70 samples, and it takes about one to two hours on average, maybe one and a half hours, so 70 times 1.5, so it's 105, then I prepare the reports, so it can go up to 130 hours, somewhere in that ball park.  Q. Would that include reviewing
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	statements to the US Food & Drug Administration?  A. No.  Q. Have you ever given any statements or testimony to any U.S. Government investigation?  A. No.  Q. Sorry, U.S. Government department?  A. No.  Q. Have you given any statements or given testimony to the Canadian equivalent of the US FDA?  A. No.  Q. Have you given any public statements concerning transvaginal mesh?  A. No.  Q. Have you given any press interviews or interviews with reporters regarding mesh?  A. No.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent for specific report or for number of samples I examined. I can estimate.  So if I said about 70 samples, and it takes about one to two hours on average, maybe one and a half hours, so 70 times 1.5, so it's 105, then I prepare the reports, so it can go up to 130 hours, somewhere in that ball park.  Q. Would that include reviewing literature and case-specific materials as well,
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	statements to the US Food & Drug Administration?  A. No.  Q. Have you ever given any statements or testimony to any U.S. Government investigation?  A. No.  Q. Sorry, U.S. Government department?  A. No.  Q. Have you given any statements or given testimony to the Canadian equivalent of the US FDA?  A. No.  Q. Have you given any public statements concerning transvaginal mesh?  A. No.  Q. Have you given any press interviews or interviews with reporters regarding mesh?  A. No.  Q. Look at number 26 to Exhibit 1,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent for specific report or for number of samples I examined. I can estimate.  So if I said about 70 samples, and it takes about one to two hours on average, maybe one and a half hours, so 70 times 1.5, so it's 105, then I prepare the reports, so it can go up to 130 hours, somewhere in that ball park.  Q. Would that include reviewing literature and case-specific materials as well, or is that additional?
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	statements to the US Food & Drug Administration?  A. No.  Q. Have you ever given any statements or testimony to any U.S. Government investigation?  A. No.  Q. Sorry, U.S. Government department?  A. No.  Q. Have you given any statements or given testimony to the Canadian equivalent of the US FDA?  A. No.  Q. Have you given any public statements concerning transvaginal mesh?  A. No.  Q. Have you given any press interviews or interviews with reporters regarding mesh?  A. No.  Q. Look at number 26 to Exhibit 1,  "Communications between you and counsel for the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent for specific report or for number of samples I examined. I can estimate.  So if I said about 70 samples, and it takes about one to two hours on average, maybe one and a half hours, so 70 times 1.5, so it's 105, then I prepare the reports, so it can go up to 130 hours, somewhere in that ball park.  Q. Would that include reviewing literature and case-specific materials as well, or is that additional?  A. Case-specific material, clinical
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	statements to the US Food & Drug Administration?  A. No.  Q. Have you ever given any statements or testimony to any U.S. Government investigation?  A. No.  Q. Sorry, U.S. Government department?  A. No.  Q. Have you given any statements or given testimony to the Canadian equivalent of the US FDA?  A. No.  Q. Have you given any public statements concerning transvaginal mesh?  A. No.  Q. Have you given any press interviews or interviews with reporters regarding mesh?  A. No.  Q. Look at number 26 to Exhibit 1,  "Communications between you and counsel for the Plaintiffs to the extent such communications (1)	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent for specific report or for number of samples I examined. I can estimate.  So if I said about 70 samples, and it takes about one to two hours on average, maybe one and a half hours, so 70 times 1.5, so it's 105, then I prepare the reports, so it can go up to 130 hours, somewhere in that ball park.  Q. Would that include reviewing literature and case-specific materials as well, or is that additional?  A. Case-specific material, clinical records, yes. Literature I cannot separate. I
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	statements to the US Food & Drug Administration?  A. No.  Q. Have you ever given any statements or testimony to any U.S. Government investigation?  A. No.  Q. Sorry, U.S. Government department?  A. No.  Q. Have you given any statements or given testimony to the Canadian equivalent of the US FDA?  A. No.  Q. Have you given any public statements concerning transvaginal mesh?  A. No.  Q. Have you given any press interviews or interviews with reporters regarding mesh?  A. No.  Q. Look at number 26 to Exhibit 1,  "Communications between you and counsel for the Plaintiffs to the extent such communications (1) relate to your compensation."	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	mesh litigation?  A. You mean the number of hours I spent to prepare?  Q. No. I mean the total hours you've spent as a Plaintiffs' expert in mesh litigation.  A. That question, which is hard to answer. I can tell you how much time I spent for specific report or for number of samples I examined. I can estimate.  So if I said about 70 samples, and it takes about one to two hours on average, maybe one and a half hours, so 70 times 1.5, so it's 105, then I prepare the reports, so it can go up to 130 hours, somewhere in that ball park.  Q. Would that include reviewing literature and case-specific materials as well, or is that additional?  A. Case-specific material, clinical records, yes. Literature I cannot separate. I read literature for meshes, for my research.

	Page 150		Page 152
1	Q that's literature you read in	1	Q. What school did you what school did
2	connection with your work as a Plaintiffs'	2	you interview for when you went to Omaha?
3	expert, correct?	3	A. It must be University of Nebraska.
4	A. More of what this is here in Exhibit	4	I'm now it's my guess pretty much, I don't
5	Number 1, reference list. This was more	5	know exact name.
6	available, this is, yes.	6	Q. Do you know the type of program that
7	Q. So the literature listed at the back	7	you were interviewing for in Omaha?
8	of Exhibit Number 1 is literature you read in	8	A. It was family practice.
9	connection with your role as a Plaintiffs'	9	Q. Was this also in 2000?
10	expert, correct?	10	A. Yeah, it's all the same.
11	A. No. I read this literature either in	11	Q. Have you ever practiced medicine in
12	connection with litigation or as my interest in	12	the United States?
13	mesh research. But those documents influence my	13	A. No.
14	opinions.	14	Q. Are you a gynecologic pathologist?
15	Q. Were they important to your opinions?	15	A. I am a pathologist, anatomical
16	MR. FABRY: Objection. Form.	16	pathologist. So there is no specific
17	A. To a degree. Maybe I didn't use some	17	certification for gynecological pathologist.
18	articles, but they provided small amount of	18	You can limit your practice to gynecological
19	information which can make a conclusion when you	19	pathology, but there is no board certification
20	have several articles stating the same thing.	20	for gynecological pathology.
21	So there's no specific article I'm relying on,	21	Q. Did you do a fellowship in gynecologic
22	but more a set of articles.	22	pathology?
23	BY MR. SNELL:	23	A. No. Again, gynecological pathology is
24	Q. You did your medical school in Russia?	24	not limited to those who do just fellowships.
25	A. Yes.	25	Q. You're an assistant professor of
	Page 151		Page 153
1	Q. Were you accepted to a US residency	1	pathology, you've testified?
2	program?	2	A. Yes.
3	A. I had offers. Well, no, I wasn't	3	Q. How does one become an assistant
4	accepted. I had interviews.	4	professor of pathology at your institution?
5	Q. Where did you interview in the United	5	A. The department of laboratory medicine
6	States for a residency program?	6	and pathobiology evaluates your CV, your
7	A. I had one interview here at Boston. I	7	research profile, and initially you're given
8	had one interview in Omaha. There was a	8	rank of lecturer.
9	sequence of matches, Canadian match and US	9	And then after, I think, that you
10	match, and if you get matched in one then you	10	accumulated enough or contributed enough to the
11	automatically be deleted from the other one. So	11	research to the science world, then you apply
12	you do interviews all together, but then the	12	for promotion. They evaluate your teaching
13	system works out the way. So you cannot be	13	performance, they evaluate your research
14	accepted to two programs at the same time.	14	performance, and the impact of your academic
15	Q. When you interviewed in Boston, when	15	work, and then they either give you or not.
16	was that?	16	Q. So assistant professor of pathology,
17	A. I believe it was 2000.	17	that's obviously above lecturer?
18	Q. Was that for a particular school's	18	A. Yes.
	program?	19	Q. Is that the next step in the promotion
19	A. Yeah, it was a psychiatry program.	20	process at your facility?
19 20		21	A. Yes.
	Q. Which school?	41	11. 105.
20	<ul><li>Q. Which school?</li><li>A. I think it was Harvard.</li></ul>	22	Q. What's the highest level at your
20 21		1	
20 21 22	A. I think it was Harvard.	22	Q. What's the highest level at your

	Page 154		Page 156
1	facility in Canada?	1	A. Urinary incontinence. It's a sizable
2	A. There is little bit of difference in	2	proportion. Again, I don't know exact number.
3	terminology, but essentially everything follows	3	Q. That's fine.
4	the same steps.	4	So your best estimate is out of the 70
5	Lecturer or some equivalent of a	5	transvaginal meshes, explanted meshes you've
6	lecturer; assistant professor, there is no	6	reviewed, somewhere between 30 and 60 percent
7	equivalent, it's always assistant professor;	7	were slings?
8	then associate professor; then a full professor.	8	A. Yes.
9	Some universities, smaller universities, slower	9	Q. Okay. So if we do the math, that's
10	sort of profile universities eliminated this	10	between 21 and 42 of those transvaginal
11	preliminary altogether, so they just give	11	explanted meshes are slings?
12	assistant professor right away, or they rename	12	A. Yes. Could be higher new.
13	this.	13	Q. And of those 21 to 42 mesh slings, how
14	Now, in the United States there are	14	many are from litigation?
15	different gradations when physicians become	15	A. The transvaginal meshes, larger
16	either fully academic or partial academic, so	16	proportion came as the litigation process,
17	his contribution to academic world is either	17	smaller proportion came from St. Michael's
18	partial tenure is pretty much appointment at	18	patients. I had to search a few years back to
19	academic institution.	19	collect those.
20	In Canada, it's usually either you are	20	Q. So, approximately, would you estimate
21	appointed or you are not. So you are in the	21	90 percent of the transvaginal explanted mesh
22	teaching hospital or you are not, you are in the	22	slings that you've looked at are litigation?
23	community.	23	A. Maybe not as high. Maybe 80 percent.
24	Q. Okay.	24	But somewhere in that ball park.
25	A. It's much sharper distinction.	25	Q. So approximately 80 percent of the
	Page 155		Page 157
1		1	
1 2	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent,	1 2	Page 157 transvaginal mesh slings that are explanted that you've looked at are from litigation?
	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent,		transvaginal mesh slings that are explanted that
2	Q. The 130 explanted mesh specimens that	2	transvaginal mesh slings that are explanted that you've looked at are from litigation?
2 3	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal,	2 3	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.
2 3 4	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?	2 3 4	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings
2 3 4 5	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.	2 3 4 5	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what
2 3 4 5 6	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh	2 3 4 5 6	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those
2 3 4 5 6 7	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?	2 3 4 5 6 7	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?
2 3 4 5 6 7 8	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was	2 3 4 5 6 7 8	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was
2 3 4 5 6 7 8	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as	2 3 4 5 6 7 8	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.
2 3 4 5 6 7 8 9	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?	2 3 4 5 6 7 8 9 10 11	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request
2 3 4 5 6 7 8 9 10 11 12 13	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?  A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request was to supply everything available, just all
2 3 4 5 6 7 8 9 10 11 12 13 14	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?  A. Yes.  Q. And how many of the 70 are stress	2 3 4 5 6 7 8 9 10 11 12 13 14	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request was to supply everything available, just all available clinical information, and then I will
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?  A. Yes.  Q. And how many of the 70 are stress urinary incontinence meshes versus prolapse	2 3 4 5 6 7 8 9 10 11 12 13 14 15	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request was to supply everything available, just all available clinical information, and then I will decide what is suitable, what is not.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?  A. Yes.  Q. And how many of the 70 are stress urinary incontinence meshes versus prolapse transvaginal meshes?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request was to supply everything available, just all available clinical information, and then I will decide what is suitable, what is not.  Q. Do you have any way of knowing whether
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?  A. Yes.  Q. And how many of the 70 are stress urinary incontinence meshes versus prolapse transvaginal meshes?  A. I cannot tell you exact number.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request was to supply everything available, just all available clinical information, and then I will decide what is suitable, what is not.  Q. Do you have any way of knowing whether they provided you with all of the explanted
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?  A. Yes.  Q. And how many of the 70 are stress urinary incontinence meshes versus prolapse transvaginal meshes?  A. I cannot tell you exact number.  Probably a half. But this can go up to from	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request was to supply everything available, just all available clinical information, and then I will decide what is suitable, what is not.  Q. Do you have any way of knowing whether they provided you with all of the explanted meshes?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?  A. Yes.  Q. And how many of the 70 are stress urinary incontinence meshes versus prolapse transvaginal meshes?  A. I cannot tell you exact number.  Probably a half. But this can go up to from 30 percent to I don't believe it would exceed	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request was to supply everything available, just all available clinical information, and then I will decide what is suitable, what is not.  Q. Do you have any way of knowing whether they provided you with all of the explanted meshes?  A. No.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?  A. Yes.  Q. And how many of the 70 are stress urinary incontinence meshes versus prolapse transvaginal meshes?  A. I cannot tell you exact number.  Probably a half. But this can go up to from 30 percent to I don't believe it would exceed 60 percent. So I didn't I don't remember	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request was to supply everything available, just all available clinical information, and then I will decide what is suitable, what is not.  Q. Do you have any way of knowing whether they provided you with all of the explanted meshes?  A. No.  Q. Do you know how many cases they
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?  A. Yes.  Q. And how many of the 70 are stress urinary incontinence meshes versus prolapse transvaginal meshes?  A. I cannot tell you exact number.  Probably a half. But this can go up to from 30 percent to I don't believe it would exceed 60 percent. So I didn't I don't remember statistics. It's a sizeable. It's somewhere	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request was to supply everything available, just all available clinical information, and then I will decide what is suitable, what is not.  Q. Do you have any way of knowing whether they provided you with all of the explanted meshes?  A. No.  Q. Do you know how many cases they collected explanted meshes on in total?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?  A. Yes.  Q. And how many of the 70 are stress urinary incontinence meshes versus prolapse transvaginal meshes?  A. I cannot tell you exact number.  Probably a half. But this can go up to from 30 percent to I don't believe it would exceed 60 percent. So I didn't I don't remember statistics. It's a sizeable. It's somewhere between 30 percent to 60 percent, somewhere in	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request was to supply everything available, just all available clinical information, and then I will decide what is suitable, what is not.  Q. Do you have any way of knowing whether they provided you with all of the explanted meshes?  A. No.  Q. Do you know how many cases they collected explanted meshes on in total?  A. No.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?  A. Yes.  Q. And how many of the 70 are stress urinary incontinence meshes versus prolapse transvaginal meshes?  A. I cannot tell you exact number.  Probably a half. But this can go up to from 30 percent to I don't believe it would exceed 60 percent. So I didn't I don't remember statistics. It's a sizeable. It's somewhere between 30 percent to 60 percent, somewhere in there.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request was to supply everything available, just all available clinical information, and then I will decide what is suitable, what is not.  Q. Do you have any way of knowing whether they provided you with all of the explanted meshes?  A. No.  Q. Do you know how many cases they collected explanted meshes on in total?  A. No.  Q. Do you understand there's thousands of
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?  A. Yes.  Q. And how many of the 70 are stress urinary incontinence meshes versus prolapse transvaginal meshes?  A. I cannot tell you exact number.  Probably a half. But this can go up to from 30 percent to I don't believe it would exceed 60 percent. So I didn't I don't remember statistics. It's a sizeable. It's somewhere between 30 percent to 60 percent, somewhere in there.  Q. 30 to 60 percent is the urinary	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request was to supply everything available, just all available clinical information, and then I will decide what is suitable, what is not.  Q. Do you have any way of knowing whether they provided you with all of the explanted meshes?  A. No.  Q. Do you know how many cases they collected explanted meshes on in total?  A. No.  Q. Do you understand there's thousands of cases involving the mesh litigation?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. The 130 explanted mesh specimens that you have looked at, you note that 60 percent, approximately 60 percent are transvaginal, correct?  A. Yes.  Q. And are those the transvaginal mesh specimens that you've seen in sum total?  A. Yes. I mean at the time when I was writing this report, these numbers were as stated.  Q. So I believe you testified it was approximately 70?  A. Yes.  Q. And how many of the 70 are stress urinary incontinence meshes versus prolapse transvaginal meshes?  A. I cannot tell you exact number.  Probably a half. But this can go up to from 30 percent to I don't believe it would exceed 60 percent. So I didn't I don't remember statistics. It's a sizeable. It's somewhere between 30 percent to 60 percent, somewhere in there.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	transvaginal mesh slings that are explanted that you've looked at are from litigation?  A. Yes. They were provided by law firms.  Q. And when these explanted mesh slings were provided by the law firms, do you know what method of selection they used to come to those mesh slings?  A. When I was requesting them I was requesting them to supply all samples.  Sometimes they would come, they didn't contain the mesh, or it was individual curettage, so then I was going through them. But my request was to supply everything available, just all available clinical information, and then I will decide what is suitable, what is not.  Q. Do you have any way of knowing whether they provided you with all of the explanted meshes?  A. No.  Q. Do you know how many cases they collected explanted meshes on in total?  A. No.  Q. Do you understand there's thousands of

	Page 158		Page 160
1	know what proportion of them contains pathology	1	approximately the same.
2	samples, what proportion of those are available	2	However, for some patients, like for
3	to me or to other labs, but I do understand that	3	Ms. Huskey, there are no pathology, no
4	there are more than what I've seen.	4	examination.
5	Q. And of those 80 percent of mesh slings	5	Q. For the TVT mesh specimens, do you
6	that you've looked at that were provided by the	6	have information about how long those specimens
7	law firms, I know you testified that five were	7	were maintained in formalin before they came to
8	TVT-O?	8	you?
9	A. Provided yes, five.	9	A. Yes. I have dates of excision, and
10	Q. And how many of the others strike	10	then I have dates I performed section.
11	that.	11	Q. That's back at Toronto on your
12	What were the other types of meshes	12	computers?
13	that you looked at that were provided by the law	13	A. Yes. If we trace back clinical
14	firms for the slings?	14	records of excision, then my record of pathology
15	A. Slings?	15	report.
16	Q. Yes.	16	Q. On Page 2 of your report at the very
17	A. They were, as I stated, Boston	17	bottom, you see it says you also had 29
18	Scientific, AMS, and occasional either all	18	explanted slings from other brands for analysis?
19	manufacturer or unidentified.	19	A. See, I did have a number.
20	Q. For the TVT-O meshes that you received	20	Q. So you got 29 other explanted slings
21	from the law firms, do you know how long those	21	and six explanted TVT slings?
22	meshes were in the body?	22	A. Yes, at the time of this report.
23	A. I was requesting information, that was	23	Q. Do you know how popular Ethicon's TVT
24	one of my questions was to provide me with	24	mesh is compared to the other explanted sling
25	information of in vivo exposure. Sometimes this	25	types you looked at?
	Page 159		Page 161
1	information was available with clinical records,	1	A. What do you define "popular"?
2	and sometimes it wasn't, depending on the extent	2	Q. How commonly it's used.
3	of clinical records.	3	A. No, I don't know. I mean most
4	Q. Do you know how the explanted meshes	4	prevalent, as far as I understand, it's a large
5	were handled following being taken out of the	5	company, so the market share is large.
6	body?	6	Q. Of the 29 others, do any stand out in
7	A. Not specifically. I know the	7	your head as, you know, you having a larger
8	procedures, surgical procedures of how this is	8	
9	done in our hospital, in the hospitals I worked	9	volume of that particular mesh type; Monarc, you
10	at, but I cannot tell you specifically for each	10	know, by name?  A. No. It was approximately similar
11	specimen.	11	ratios, AMS, Boston Scientific. And you can see
12	•	12	-
	My understanding is this is done in	13	that there were 35, five of them were TVT-O,
13	accredited licensed medical institutions, it's done more or less uniform fashion.	13	then anywhere between five to ten were other
14 15	We are talking about surgical	15	manufacturers.
15 16	we are talking about surgical handling?	16	Q. Do you know what methodology the
17	Q. Yes.	17	Plaintiffs' lawyers employed when they decided which Boston Scientific and AMS meshes to send
		18	
18	<ul><li>A. Yes, that's my answer.</li><li>Q. What about how they were processed and</li></ul>		you?
19 20	· · · · · · · · · · · · · · · · · · ·	19 20	A. No. As I said, I requested all
20	handled in the pathology departments?		available.
21 22	A. That's variable, because those	21	Q. The bottom of Page 2, you say "This
	specimens I received, they come in formalin.	22	randomizes the findings which are common to
	A coin vilear than account in figure 1: 41 - 11	1 77	
23	Again, when they come in formalin, then I assume	23	Ethicon and non-Ethicon brands."
	Again, when they come in formalin, then I assume they've been dealt with as accredited laboratories, so the protocols should be	23 24 25	You didn't do a formal randomization of these meshes, correct?

	Page 162		Page 164
1	A. No.	1	BY MR. SNELL:
2	Q. No, I'm not correct?	2	Q. The published literature that is
3	A. I did not do formal randomization. If	3	attached to the back of Exhibit Number 2, your
4	we talk about randomization as for clinical drug	4	report, that's literature that the Plaintiffs'
5	trials, no. This term implies that the samples	5	lawyers provided to you?
6	came from different sources, from different	6	A. No. I mean there might be few items
7	manufacturers, and they were excised in	7	which were suggested, but no, they didn't
8	different parts of United States, age, spread,	8	provide that to me.
9	and everything becomes more sporadic.	9	Q. How do you maintain that literature
10	Q. When tissue is taken out of the body	10	that's identified in the back of the Exhibit
11	during surgical excision, isn't it correct that	11	Number 2, your expert report?
12	it can lose weight?	12	A. I store some on my hard drive. But
13	A. If it dries? Yes, it can. If water	13	you cannot store everything, so sometimes I have
14	dries up, yes, it will become lighter.	14	to go back and pull it off-line. It's published
15	Q. Is that important in strike that.	15	on-line, and I have access to all this.
16	Does the weight of the tissue, the	16	Q. You don't have it printed out in a
17	specimen, change depending upon how long is the	17	binder anywhere?
18	time period between excision and when it's put	18	A. Some of it is printed, some of it is
19	in formalin?	19	not.
20	A. Ask that question again?	20	Q. You never got binders of literature
21	Q. Yes.	21	from the Plaintiffs' lawyers?
22	Does change in the weight of the	22	A. Not for this litigation. Some
23	explant depend upon how long of a time period	23	articles were printed and they showed me this,
24	elapsed between when the explant was excised to	24	but not everything.
25	when it was put in formalin?	25	Q. You've used some literature in the
			Q. 100 10 000 0000 0000 0000 0000 0000 0
	Page 163		Page 165
1	A. I don't know. We don't measure weight	1	different litigations you've been involved in,
2	at the excision and before we place in formalin.	2	correct?
3	I cannot tell you.	3	A. Yes.
4	Q. So in the charts or documents that you	4	Q. I take it you did your reports in the
5	have regarding the litigation mesh slings, you	5	AMS and Boston Scientific litigation before the
6	don't have any calculations showing weight of	6	Ethicon litigation, correct?
7	the specimens?	7	A. Yes.
8	A. No. I never measured weight of the	8	Q. Because you were deposed before the
9	specimens. We measure weight for specific type	9	Ethicon litigation, correct?
10	of specimens to describe a volume of the organ	10	A. Yes.
		1	
11	when linear dimensions are difficult. For that	11	Q. And your literature list in those
11 12	when linear dimensions are difficult. For that specific purpose, there were no questions which	11 12	Q. And your literature list in those reports have similar articles to the ones you're
12	specific purpose, there were no questions which	12	reports have similar articles to the ones you're
12 13	specific purpose, there were no questions which can be answered by weight.	12 13	reports have similar articles to the ones you're citing here?
12 13 14	specific purpose, there were no questions which can be answered by weight.  Q. You never measured the molecular	12 13 14	reports have similar articles to the ones you're citing here?  A. Yes.
12 13 14 15	specific purpose, there were no questions which can be answered by weight.  Q. You never measured the molecular weight of any of the Ethicon TVT meshes,	12 13 14 15	reports have similar articles to the ones you're citing here?  A. Yes.  Q. On Page 3 you talk about how you
12 13 14 15	specific purpose, there were no questions which can be answered by weight.  Q. You never measured the molecular weight of any of the Ethicon TVT meshes, correct?	12 13 14 15 16	reports have similar articles to the ones you're citing here?  A. Yes.  Q. On Page 3 you talk about how you analyze the published literature. And I'm at
12 13 14 15 16	specific purpose, there were no questions which can be answered by weight.  Q. You never measured the molecular weight of any of the Ethicon TVT meshes, correct?  A. No.	12 13 14 15 16 17	reports have similar articles to the ones you're citing here?  A. Yes.  Q. On Page 3 you talk about how you analyze the published literature. And I'm at the middle under number 1, "Findings in View of
12 13 14 15 16 17 18	specific purpose, there were no questions which can be answered by weight.  Q. You never measured the molecular weight of any of the Ethicon TVT meshes, correct?  A. No.  Q. Did you measure the molecular weight	12 13 14 15 16 17 18	reports have similar articles to the ones you're citing here?  A. Yes.  Q. On Page 3 you talk about how you analyze the published literature. And I'm at the middle under number 1, "Findings in View of Complications," can you tell me your search
12 13 14 15 16 17 18 19	specific purpose, there were no questions which can be answered by weight.  Q. You never measured the molecular weight of any of the Ethicon TVT meshes, correct?  A. No.  Q. Did you measure the molecular weight of any of the Ethicon TVT meshes?	12 13 14 15 16 17 18 19	reports have similar articles to the ones you're citing here?  A. Yes.  Q. On Page 3 you talk about how you analyze the published literature. And I'm at the middle under number 1, "Findings in View of Complications," can you tell me your search method for that analysis?
12 13 14 15 16 17 18 19 20	specific purpose, there were no questions which can be answered by weight.  Q. You never measured the molecular weight of any of the Ethicon TVT meshes, correct?  A. No.  Q. Did you measure the molecular weight of any of the Ethicon TVT meshes?  A. I did not measure molecular weight.  MR. FABRY: You should appreciate how	12 13 14 15 16 17 18 19 20	reports have similar articles to the ones you're citing here?  A. Yes.  Q. On Page 3 you talk about how you analyze the published literature. And I'm at the middle under number 1, "Findings in View of Complications," can you tell me your search method for that analysis?  A. For published literature I usually go for to PubMed website search and enter
12 13 14 15 16 17 18 19 20 21	specific purpose, there were no questions which can be answered by weight.  Q. You never measured the molecular weight of any of the Ethicon TVT meshes, correct?  A. No.  Q. Did you measure the molecular weight of any of the Ethicon TVT meshes?  A. I did not measure molecular weight.	12 13 14 15 16 17 18 19 20 21	reports have similar articles to the ones you're citing here?  A. Yes.  Q. On Page 3 you talk about how you analyze the published literature. And I'm at the middle under number 1, "Findings in View of Complications," can you tell me your search method for that analysis?  A. For published literature I usually go
12 13 14 15 16 17 18 19 20 21	specific purpose, there were no questions which can be answered by weight.  Q. You never measured the molecular weight of any of the Ethicon TVT meshes, correct?  A. No.  Q. Did you measure the molecular weight of any of the Ethicon TVT meshes?  A. I did not measure molecular weight.  MR. FABRY: You should appreciate how to ask good questions.	12 13 14 15 16 17 18 19 20 21 22	reports have similar articles to the ones you're citing here?  A. Yes. Q. On Page 3 you talk about how you analyze the published literature. And I'm at the middle under number 1, "Findings in View of Complications," can you tell me your search method for that analysis?  A. For published literature I usually go for to PubMed website search and enter keywords, see what is being available, and use

### Page 166 Page 168 1 A. Mesh, vaginal mesh, vaginal slings, 1 not there's referral sources for Plaintiffs in 2 sling mesh, degradation. I mean I cannot 2 the transvaginal mesh litigation to go see 3 remember how many times I search, every time I 3 certain doctors who will explant their mesh? 4 4 A. No, I don't know. But as I said, to search it was a different. I would exhaust one 5 type of a search and then come up with something me, clinical part, as far as I understand, the 6 6 patient can come with symptoms or request them 7 7 Q. You talk here about complications or to do something, but then it's up to physician 8 8 to treat them, and they decide what treatments symptoms that can appear de novo or worsen? 9 A. Yes. 9 are best suitable for the patient. 10 10 Q. Did you do any searches about Q. Do you know whether or not -- strike 11 11 complications and symptoms that actually get that. 12 12 better after mesh placement? In your analysis of the transvaginal 13 13 A. When I was searching for published sling from litigation, do you analyze the time 14 period between when the mesh was put in and when 14 literature, they were providing all list of 15 15 complications, and also providing list of the mesh was taken out to see how commonly, if 16 16 at all, that Plaintiff reported pain? parameters they measured to evaluate mesh 17 17 performance. So they included positive results A. No. But that's interesting question, because it can be correlated if there is enough 18 and their assessment. 18 19 19 But since I'm getting excised mesh, by data, so that's where the collaborative projects 20 20 are to correlate pain and specifics of the pain definition somebody excised it for 21 complications, therefore my job is to compare 21 with specific findings. 22 22 Q. You say on Page 4 of your report, I'm complications with excised specimen, therefore I under Section 1.1.1.1, "High Nerve Density" --23 was limited to that spectrum. 23 24 24 Q. You say you've gotten excised mesh for A. Yes. 25 25 complications. Are you saying that's true for Q. -- "Descriptions of painful scars are Page 169 Page 167 all of the transvaginal mesh slings? 1 well-known in the literature." 1 2 A. True for all excised? 2 Do you see that? 3 O. Yes. A. Yes. 4 Q. What do you mean by that? A. If they are excised, they excised them 5 because of complications. 5 A. There are published cases when the 6 6 Q. How do you know that? scar is painful. 7 7 A. Why would you excise it without -- if Q. Is that something you knew when you 8 8 were working as a surgeon before a pathologist, there is no complications? 9 O. You haven't heard of people, 9 or is that something you have recently learned 10 Plaintiffs going to doctors asking for excisions 10 as an expert in this litigation? 11 11 in cases where they're not having symptoms? A. Well, I learned as a pathology 12 12 A. No. I cannot imagine such a scenario. resident, maybe I had known it before when I was 13 13 Q. Have you heard of Plaintiffs who go to in my medical school, but specifically I 14 surgeons asking for mesh to be removed so that 14 remember reading about it as a pathology 15 15 they can potentially obtain money? resident. Because there are specific painful 16 A. No, I have not heard that. 16 lesions, and you go through differential 17 17 diagnosis when somebody says painful nodule. So Q. You don't know anything about that? 18 A. No. My understanding is patients come 18 this can be a part of your -- it's a part of 19 19 your differential diagnosis, just a scar, with symptoms, clinician evaluates the patients, 20 2.0 works up a differential diagnosis, tries painful scar, not a neoplastic lesion. 21 21 non-invasive treatments, and then when the last Q. So painful scar is something you 22 resort is -- when the differential diagnosis is 22 learned about at the latest by the time of your 23 all narrowed to the mesh, and last resort is 23 pathology residency? 24 24 A. I remember reading about it and paying excision, they perform excision. 25 25 close attention. I could have learned it Q. Do you know anything about whether or

a carlier.  Q. How are scars formed?  A. Do you want me to start from injury until —  So G. Sure.  A. So first there is injury to tissues.  So if tissue is either mechanically damaged or echemical factors, or there's physical factors damaging tissue or chemical factors, or there's injury to tissue.  So if tissue is either mechanically damaged or echemical factors, or there's injury to tissue or chemical factors, or there's injury to tissue or chemically or—so there's physical factors damaging tissue or chemical factors, or there's injury to tissue or chemical factors, or there's injury to tissue or chemical factors, or there's injury to tissue or chemically or—so there's physical factors or the damage. So if the tissue is destroyed in the area, then the tissue or shemical factors, or there's injury to tissue.  It is the scare of the tissue or chemical factors, or there's injury to the tissue or the tissue or themical factors, or there's injury to tissue.  It is still has blood supply, so there are nutrients or the rea, inflammatory cells first, first would be neutrophils, some macrophages, then the blood vessels family or cells with the blood vessels family will be as small as one red blood cell.  So it becomes a parallation tissue risk would be neutrophils, some macrophages, then the blood vessels finally end to the process to provide nutrients to the scar or there's less cells, less vessels, more collagen, so it becomes harder, and gains parts become more fibratic, and so the scars mature so there's less cells, less vessels, more collagen, so it becomes harder, and gains parts become more fibratic, and so the scars or mature so there's less cells, less vessels, more collagen, so it becomes harder, and gains parts become more fibratic, and so the scars or parts become more fibratic, and so the scars or mature so there's less cells, less vessels, more collagens, so it becomes harder, and gains parts become more fibratic, and so the scars or parts become more fibratic, and so the scars or parts become more fibra		Page 170		Page 172
A. Do you want me to start from injury 4 until	1	earlier.	1	A. Approximately 25 microns.
be larger to begin with, and then they can go all the way over 100 microns.  A. So first there is injury to tissues.  So if tissue is either mechanically damaged or elemically or -so othere's playical factors and amaging tissue or chemical factors, or there's damaging tissue or chemical factors, or there's damaging tissue or chemical factors, or there's inflammation, or there is ischemic damage. So in first the tissue is distrupted in the area, then the periphery of the -this cavity or necrosis still has blood supply, so there are nutrients that the periphery of the -this cavity or necrosis still has blood supply, so there are nutrients and the periphery of the -this cavity or necrosis still has blood supply, so there are nutrients to the area, inflammatory cells first, first would be neutrophilis, some macrophages, then the blood the area, inflammatory cells first, first would research the process of the sear and the new of the area, inflammatory cells, and then they can deliver mesenchymal cells. And then with the blood research with lose fibrous tissue and captain the search of the area, inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory the search of the analysis of the captain the progresses, there's more collagen laid down, inflammatory cells within. Time progresses, there's become more fibrotic, and so the scars and the progress of the progress of the cord beautiful to the captain the progress of the captain the progress of the captain the progress of the progress of the cord beautiful to the captain the progress of the progress of the captain the progre	2	Q. How are scars formed?	2	Q. Macrophages?
5 Q. Sure. 6 A. So first there is injury to tissues. 7 So if tissue is either mechanically damaged or chemically or – so there's physical factors of damaging tissue or chemical factors, or there's physical factors in flammation, or there is ischemic damage. So in this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes either a hematoma or a sort of 12 this becomes encome to the edls can come to the eithight of the ends can come to the ends can	3	A. Do you want me to start from injury	3	A. Oh, that's a large spread. They will
6 A. So if tissue is either mechanically damaged or 8 chemically or -so there's physical factors 9 damaging tissue or chemically damaged or 10 inflammation, or there is ischemic damage. So 11 inflammation, or there is ischemic damage. So 12 if the tissue is destroyed in the area, then 12 this becomes either a hematoma or a sort of 12 carried or 13 cavity or an area with necrotic tissue. Then 14 the periphery of the - this cavity or necrosis 14 this becomes either a hematomor or as ort of 12 carried or 13 cavity or an area with necrotic tissue. Then 14 the periphery of the - this cavity or necrosis 14 this becomes memorphages, then the blood 15 still has blood supply, so there are nutrients 16 and oxygen coming in, then the cells can come to 16 the area, inflammatory cells first, first would 17 the area, inflammatory cells first, first would 18 be neutrophils. Some memorphages, then the blood 19 vessels family and the they can deliver 19 mesenchymal cells. And then with the blood 12 vessels fibroblasts come, start laying collagen. 20 So it becomes a granulation tissue rich in small 22 capillaries with loose fibrous tissue and 23 capillaries with loose fibrous tissue and 24 inflammatory cells within. Time progresses, 25 there's more collagen laid down, inflammatory 21 cannot remove, then they localize it, and other 3 parts become more fibrotic, and so the sears 4 mature so there's less cells, less vessels, more 25 collagens, so it becomes harder, and gains 24 physical strength. That's - 20. And that sear formation process that 3 you just outlined in busic form, does that occur 9 regardless of whether there's a mesh involved? 4 A. Ne. I learned it when I was a medical 14 student. 15 Q. You mentioned some inflammatory cells, and other parts of the process of whether there's a mesh involved? 12 during your pathology residency? 12 during your pathology residency? 12 during your pathology residency? 13 A. No. I learned it when I was a medical 14 student. 16 Q. Tou mentioned some inflammatory cells, and the process of	4	until	4	be larger to begin with, and then they can go
8 chemically or – so there's physical factors, or there's of damaging tissue or chemical factors, or there's of inflammation, or there is ischemic damage. So if the tissue is destroyed in the area, then this becomes either a hematoma or a sort of cavity or an area with necrotic tissue. Then this becomes either a hematoma or a sort of cavity or an area with necrotic tissue. Then the periphery of the – this cavity or necrosis still has blood supply, so there are nutrients and oxygen coming in, then the cells can come to the neutrophils, some macrophages, then the blood vessels can ingrow, and then they can deliver mesenchymal cells. And then with the blood vessels can ingrow, and then they can deliver vessels fibroblasts come, start laying collagen. So to becomes a granulation tissue rich in small capillaries with loose fibrous tissue and inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory cells within they localize it, and other parts become more fibrotic, and so the sears mature so there's less cells, less vessels, more collagens, so it becomes harder, and gains physical strength. That's —  Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. Is a process you learned about during your pathology residency?  A. Yes la process you learned about during your pathology residency?  A. No. I learned it when I was a medical student.  Q. Is it a process you learned about during your pathology residency?  A. No area deal with some time proce	5	Q. Sure.	5	all the way over 100 microns.
section of the content of the conten	6	A. So first there is injury to tissues.	6	Q. On average are they about 20,
damaging tissue or chemical factors, or there's inflammation, or there is ischemic damage. So 10 inflammation, or there is ischemic damage. So 11 if the tissue is destroyed in the area, then 12 this becomes either a hematoma or a sort of 12 cavity or an area with necrotic tissue. Then 13 number. They are significantly larger than other inflammatory cells. Still has blood supply, so there are nutrients 15 still has blood supply, so there are nutrients 16 and oxygen coming in, then the cells can come to 16 the area, inflammatory cells first, first would 17 the area, inflammatory cells first, first would 18 be neutrophils, some macrophages, then the blood 19 vessels farily and then with the blood 19 vessels firbolasts come, start laying collagen. 20 vessels fibrolasts come, start laying collagen. 21 capillaries with loose fibrous tissue and 22 capillaries with loose fibrous tissue and 23 capillaries with loose fibrous tissue and 24 inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory 25 there's more collagen laid down, inflammatory 25 there's more collagens laid down, inflammatory 25 there's more collagens, so i becomes harder, and gains 24 parts become more fibrotic, and so the sears 25 mature so there's less cells, less vessels, more 26 collagens, so i becomes harder, and gains 26 physical strength. That's - 20 And that scar formation process that 20 A Yes. It's a nonspecific process. 10 A Yes. It's a nonspecific process. 10 A No. Heamed it when I was a medical 34 student. 12 during your pathology residency? 13 A. No. Heamed it when I was a medical 34 student. 14 to the process of the process	7	So if tissue is either mechanically damaged or	7	25 microns?
inflammation, or there is ischemic damage. So if the tissue is destroyed in the area, then this becomes either a hematoma or a sort of acavity or an area with necrotic tissue. Then the periphery of the - this cavity or necrosis still has blood supply, so there are nutrients the and oxygen coming in, then the cells can come to the area, inflammatory cells first, first would be neutrophils, some macrophages, then the blood vessels can ingrow, and then they can deliver meschymal cells. And then with the blood vessels fibroblasts come, start laying collagen. capillaries with loss fibrous tissue and inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory  Page 171  cells remove debris or whatever. And if it cannot remove, then they localize it, and other parts become more fibrotic, and so the sears mature so there's less cells, less vessels, more collagens, so it becomes harder, and gains physical strength. That's - Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved? A. Yes. It's a nonspecific process. Q. You mentioned some inflammatory cells, and I think you said neutrophils? A. No. I learned it when I was a medical think you said neutrophils? A. A couple, or four hours. Q. They read the question? How big? A. Repeat the question? How big? A. Repeat the question? How big? A. Repeat day question and the area inflammatory cells, then the cilis and other parts become more filming. A. Yes. Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved? A. No. I learned it when I was a medical that student. Q. You mentioned some inflammatory cells, don't remember exact numbers, do the rindammatory cells, they can actually change shape? A. Yes. Q. The inflammatory cells, they can actually change shape? A. Yes. Q. This mall capillaries that come in there as part of the process to provide nutrients to the sear— A. Yes. Q. The mall capill	8	chemically or so there's physical factors	8	A. I would say larger than that.
11 if the tissue is destroyed in the area, then 12 this becomes either a hematoma or a sort of 13 cavity or an area with necrotic tissue. Then 14 the periphery of the this cavity or necrosis 15 still has blood supply, so there are nutrients 16 and oxygen coming in, then the cells can come to 16 the area, inflammatory cells first, first would 19 vessels can ingrow, and then they can deliver 20 mesenchymal cells. And then with the blood 21 vessels fibroblasts come, start laying collagen. 22 So it becomes a granulation tissue rich in small 23 capillaries with loose fibrous tissue and 24 inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory 25 there's more collagen laid down, inflammatory 26 mature so there's less cells, less vessels, more 27 collagens, so it becomes harder, and gains 28 physical strength. That's 29 Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved? 30 A. Yes. It's a nonspecific process. 31 Q. You mentioned some inflammatory cells, and I think you said neutrophils? 32 A. No. Hearned it when I was a medical student. 33 A. No. Hearned it when I was a medical student. 44 student. 55 Q. The small capillaries that come in there as part of the process to provide nutrients to the sear 4 A. Yes. 4 A. So the smallest tapillary will be as small as one red blood cell. 4 Q. So about seven microns, or nine? 4 A. Pretty much close to that. So all vessels finablate apillary will be as shand a sone red blood cell. 4 Q. So about seven microns, or nine? 4 A. Pretty much close to that. So all vessels finablate apillary will be as shall as one red blood cell. 4 Q. And the fibroblasts that come in, what size are they? 5 A. Lengthwise or widthwise? 6 A. Lengthwise or widthwise? 7 A. Lengthwise or widthwise? 8 A. Lengthwise or widthwise? 9 The both. 8 A. Lengthwise or widthwise? 9 C. Tell me both. 9	9	damaging tissue or chemical factors, or there's	9	Q. What would you say then?
12 this becomes either a hematoma or a sort of 12 cavity or an area with necrotic tissue. Then 14 the periphery of the this cavity or necrosis 15 still has blood supply, so there are nutrients 16 and oxygen coming in, then the cells can come to 17 the area, inflammatory cells first, first would 18 be neutrophils, some macrophages, then blood 19 vessels can ingrow, and then they can deliver 20 mesenchymal cells. And then with the blood 21 vessels fibroblasts come, start laying collagen. 22 So it becomes a granulation tissue rich in small 23 capillaries with loose fibrous tissue and 24 inflammatory cells within. Time progresses, 25 there's more collagen laid down, inflammatory 26 mature so there's less cells, less vessels, more 27 collagens, so it becomes harder, and gains 28 parts become more fibrotic, and so the sears 29 regardless of whether there's a mesh involved? 20 new the collagens, so it becomes harder, and gains 21 privical strength. That's 22 for privical strength. That's 23 Q. And that scar formation process that 24 you just outlined in basic form, does that occur 25 gradless of whether there's a mesh involved? 26 A. Yes. It's a nonspecific process. 27 A. Initially neutrophils? 28 A. Initially neutrophils? 29 A. Initially neutrophils? 30 A. Initially neutrophils? 40 A. They're there, what, within a couple 40 Q. They're there, what, within a couple 41 A. Repeat the question? How big? 42 A. Repeat the question? How big? 43 A. Repeat the question? How big? 44 A. Repeat the question? How big? 45 A. Repeat the question? How big? 46 A. Repeat the question? How big? 47 A. Repeat the question? How big? 48 A. Repeat the question? How big? 49 A. Repeat the question? How big? 40 A. Repeat the question? How big? 41 A. Repeat the question? How big? 42 A. Repeat the question? How big? 43 A. Repeat the question? How big? 44 A. Repeat the question? How big?	10	inflammation, or there is ischemic damage. So	10	A. Maybe 50 microns.
cavity or an area with necrotic tissue. Then the periphery of the this cavity or necrosis 14 the periphery of the this cavity or necrosis 15 still has blood supply, so there are nutrients 15 and oxygen coming in, then the cells can come to 16 the area, inflammatory cells first, first would 18 be neutrophils, some macrophages, then the blood 18 vessels can ingrow, and then they can deliver 19 vessels fibroblasts come, start laying collagen. 21 vessels fibroblasts come, start laying collagen. 22 So it becomes a granulation tissue rich in small 23 capillaries with loose fibrous tissue and 24 inflammatory cells within. Time progresses, 24 there's more collagen laid down, inflammatory 25 there's more collagen laid down, inflammatory 25 there's more collagen laid down, inflammatory 25 there's more collagens and the they collage is, and other 2 cannot remove, then they localize it, and other 2 cannot remove, then they localize it, and other 2 cannot remove, then they localize it, and other 2 cannot remove, then they localize it, and other 3 parts become more fibrotic, and so the scars 4 mature so there's less cells, less vessels, more collagens, so it becomes harder. 4 mount of the comes harder and gains 5 physical strength. That's 4 Q. And that sear formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved? 9 regardless of whether there's a mesh involved? 10 A. Yes. It's a nonspecific process. 10 Q. You mentioned some inflammatory cells, and I think you said neutrophils? 11 Q. They're there, what, within a couple 19 A. They're the first cells which come. 19 A. Repet the question? How big? 19 A. Ropelt the question? How big? 19 A. Ropelt the question? How big? 19 A. Repeat the question? How big? 19 A. Pezeudopodia.	11	if the tissue is destroyed in the area, then	11	Q. 50?
the periphery of the — this cavity or necrosis still has blood supply, so there are nutrients and oxygen coming in, then the cells can come to the area, inflammatory cells first, first would be neutrophils, some macrophages, then the blood vessels can ingrow, and then they can deliver mesenchymal cells. And then with the blood vessels dean irgow, and then they can deliver mesenchymal cells. And then with the blood vessels dean irgow, and then they can deliver mesenchymal cells. And then with the blood vessels dean irgow, and then they can deliver mesenchymal cells. And then with the blood vessels dibroblasts come, start laying collagen. So it becomes a granulation tissue rich in small capillaries with loose fibrous tissue and inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory  Page 171  cells remove debris or whatever. And if it cannot remove, then they localize it, and other parts become more fibrotic, and so the sears mature so there's less cells, less vessels, more collagens, so it becomes harder, and gains physical strength. That's Q. And that sear formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved? A. A. Nes. If's a nonspecific process.  Q. Tell me both. A. Lengthwise it can be again pretty large, as macrophages over 100 microns. Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact number, don't his you have a photograph in her	12		12	A. 50, 5-0. I don't remember exact
the periphery of the — this cavity or necrosis still has blood supply, so there are nutrients and oxygen coming in, then the cells can come to the area, inflammatory cells first, first would be neutrophils, some macrophages, then the blood vessels can ingrow, and then they can deliver mesenchymal cells. And then with the blood vessels dean irgow, and then they can deliver mesenchymal cells. And then with the blood vessels dean irgow, and then they can deliver mesenchymal cells. And then with the blood vessels dean irgow, and then they can deliver mesenchymal cells. And then with the blood vessels dibroblasts come, start laying collagen. So it becomes a granulation tissue rich in small capillaries with loose fibrous tissue and inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory  Page 171  cells remove debris or whatever. And if it cannot remove, then they localize it, and other parts become more fibrotic, and so the sears mature so there's less cells, less vessels, more collagens, so it becomes harder, and gains physical strength. That's Q. And that sear formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved? A. A. Nes. If's a nonspecific process.  Q. Tell me both. A. Lengthwise it can be again pretty large, as macrophages over 100 microns. Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact number, don't his you have a photograph in her	13	cavity or an area with necrotic tissue. Then	13	number. They are significantly larger than
15 still has blood supply, so there are nutrients 16 and oxygen coming in, then the cells can come to 17 the area, inflammatory cells first, first would 18 be neutrophils, some macrophages, then the blood 19 vessels can ingrow, and then they can deliver 20 mesenchymal cells. And then with the blood 21 vessels fibroblasts come, start laying collagen. 22 So it becomes a granulation tissue rich in small 23 capillaries with loose fibrous tissue and 24 inflammatory cells within. Time progresses, 25 there's more collagen laid down, inflammatory 26 mature so there's less cells, less vessels, more 27 collagens, so it becomes harder, and gains 28 physical strength. That's 29 Q. And that scar formation process that 29 you just outlined in basic form, does that occur 29 regardless of whether there's a mesh involved? 20 A. Yes. It's a nonspecific process. 21  Q. They much close to that. So all 22  yes laying the fibroblasts that come in there as part of the process to the scar 20  Q. And the size apillary will be as small as one red blood cell. 20  Q. So about seven microns, or nine? 21  yes self finally taper down to this, unless it's a shunt between arteries and veins.  22  Page 171  23  Page 173  24  Page 173  25  Page 174  26  Page 175  27  Page 176  28  Page 177  29  A. Length-wise it can be again pretty large, as macrophages over 100 microns. 29  Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved? 29  A. Yes. It's a nonspecific process. 20  Q. They although residency? 21  A. No. I learned it when I was a medical student. 29  Q. You mentioned some inflammatory cells, and I think you said neutrophils? 30  A. Pesudopodia. 31  A. Yes. 32  A. Pesudopodia. 42  A. Yes. 33  A. Pesudopodia. 43  A. Yes. 44  Pasudopodia. 44  Yes. 45  Pasudopodia. 46  Pasudopodia? 47  Pasudopodia. 48  Pasudopodia. 49  Pasudopodia. 40  Pasudopodia. 40  Pasudopodia. 41  Pasudopodia. 41  Pasudopodia. 42  Pasudopodia. 43  Pasudopodia.	14	the periphery of the this cavity or necrosis	14	
there as part of the process to provide nutrients to the scar  be neutrophils, some macrophages, then the blood vessels can ingrow, and then they can deliver vessels can ingrow, and then they can deliver vessels can ingrow, and then they can deliver vessels fibroblasts come, start laying collagen.  So it becomes a granulation tissue rich in small vessels fibroblasts come, start laying collagen.  So it becomes a granulation tissue rich in small vessels fibroblasts come, start laying collagen.  So it becomes a granulation tissue rich in small vessels fibroblasts come, start laying collagen.  There's more collagen laid down, inflammatory vessels finally taper down to this, unless it's a shunt between arteries and veins.  Page 171  Page 171  Page 173  Page 174  Page 175  Page 176  Page 177  Q. And the fibroblasts that come in, what size are they?  A. Lengthwise or widthwise?  Q. Tell me both.  A. Lengthwise it can be again pretty large with the are apartomations.  A. Yes.  Q. Tell me both.  A. Lengthwise it can be again pretty with wise it can be again pretty large. A gain I don't know exact number, don't remember exact numbers, but these are approximations.  Q. Is it a process you learned about during your pathology residency?  A. Not learned it when I was a medical student.  A. Yes.  A. Yes.  A. Yes.  A. Yes.  A. Pretty much close to that. So all vessels finally taper down to this, unless it's a shunt between arteries and veins.  Page 171  Page 173  Page 174  Page 175  Q. And the fibroblasts that come in, what size are they?  Q. Tell me both.  A. Lengthwise it can be again pretty large the page in pretty of the process.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. Is it a process you learned about the process of the injury of the injury?  A. No. I learned it when I was a medical student.  Q. They fee there, what, within a couple of the process.  Q. They're there, what, within a couple of the process	15		15	Q. The small capillaries that come in
the area, inflammatory cells first, first would be neutrophils, some macrophages, then the blood vessels can ingrow, and then they can deliver mesenchymal cells. And then with the blood vessels fibroblasts come, start laying collagen. So it becomes a granulation tissue rich in small capillaries with loose fibrous tissue and inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory  Page 171  cells remove debris or whatever. And if it cannot remove, then they localize it, and other parts become more fibrotic, and so the scars mature so there's less cells, less vessels, more collagens, so it becomes harder, and gains physical strength. That's Q. And that scar formation process that you just outlined in basic form, does that occur gragardless of whether there's a mesh involved? A. Yes. It's a nonspecific process.  Q. Tell me both. Q. Tell me both. Q. Tell me both. Q. Tell me both. Q. They rate of there's a mesh involved? A. No. I learned it when I was a medical student. Q. They rate of the when I was a medical that you gour pathology residency? A. Initially neutrophils, yes. Q. They the first cells which come. Q. They're there, what, within a couple hours of the injury? A. Repeat the question? How big? A. Pseudopodia.	16		16	
vessels can ingrow, and then they can deliver mesenchymal cells. And then with the blood vessels fibroblasts come, start laying collagen. So it becomes a granulation tissue rich in small capillaries with loose fibrous tissue and inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory  Page 171  cells remove debris or whatever. And if it cannot remove, then they localize it, and other a parts become more fibrotic, and so the scars mature so there's less cells, less vessels, more collagens, so it becomes harder, and gains physical strength. That's Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved? A. Yes. It's a nonspecific process.  Q. You mentioned some inflammatory cells, and I think you said neutrophils? A. Initially neutrophils, yes. Q. They rome in early? A. Repeat the question? How big? A. So the smallest capillary will be as small as one red blood cell. A. So the smallest capillary will be as small as one red blood cell. A. So the smallest capillary will be as small as one red blood cell. A. So the smallest capillary will be as small as one red blood cell. A. So the smallest capillary will be as small as one red blood cell. A. So the smallest capillary will be as small as one red blood cell. A. Pretty much close to that. So all vessels finally taper down to this, unless it's a shunt between arteries and veins.  Page 171  Page 173  Page 173  Page 174  Q. And the fibroblasts that come in, what size are they?  A. Lengthwise or widthwise?  A. Lengthwise it can be again pretty large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know	17		17	
vessels can ingrow, and then they can deliver mesenchymal cells. And then with the blood 20 vessels fibroblasts come, start laying collagen. 21 vessels fibroblasts come, start laying collagen. 21 small as one red blood cell. Q. So about seven microns, or nine? 22 A. Pretty much close to that. So all vessels finally taper down to this, unless it's a shunt between arteries and veins. 25 there's more collagen laid down, inflammatory 25 a shunt between arteries and veins. 26 a shunt between arteries and veins. 27 a shunt between arteries and veins. 28 a shunt between arteries and veins. 29 a shunt between arteries and veins. 20 A. A. Lengthwise or widthwise? 30 A. Lengthwise or widthwise? 30 A. Lengthwise or widthwise? 31 A. Lengthwise or widthwise? 32 A. Lengthwise or widthwise? 33 A. Lengthwise or widthwise? 34 A. Lengthwise or widthwise? 35 A. Lengthwise or widthwise? 36 A. Lengthwise or widthwise? 37 A. Lengthwise or widthwise? 38 A. Lengthwise or widthwise? 39 A. Lengthwise or widthwise? 39 A. Lengthwise or widthwise? 30 A. Lengthwise or widthwise? 30 A. Mould at sear formation process that 39 you just outlined in basic form, does that occur regardless of whether there's a mesh involved? 39 don't remember exact numbers, but these are 30 approximations. 30 A. No. I learned it when I was a medical 31 A. Yes. 30 A. No. I learned it when I was a medical 32 A. Yes. 31 A. Yes. 31 A. Initially neutrophils? 31 A. No. I learned it when I was a medical 31 A. Yes. 31 A. They're the first cells which come. 31 A. They're their, what, within a couple 31 A. They're there, what, within a couple 32 A. A couple, or four hours. 32 A. A couple, or four hours. 33 A. Repeat the question? How big? 34 A. Pseudopodia. 35 A. Pseudopodia.	18	be neutrophils, some macrophages, then the blood	18	A. Yes.
mesenchymal cells. And then with the blood vessels fibroblasts come, start laying collagen.  So it becomes a granulation tissue rich in small capillaries with loose fibrous tissue and inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory  Page 171  cells remove debris or whatever. And if it cannot remove, then they localize it, and other parts become more fibrotic, and so the scars mature so there's less cells, less vessels, more collagens, so it becomes harder, and gains physical strength. That's Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved? A. Yes. It's a nonspecific process.  Q. Is it a process you learned about during your pathology residency? A. No. I learned it when I was a medical student. Q. You mentioned some inflammatory cells, and I think you said neutrophils, yes. Q. They're there, what, within a couple hours of the injury? A. Repeat the question? How big? A. Pretty much close to that. So all vessels finally taper down to this, unless it's a small as one red blood cell. Q. So about seven microns, or nine? A. Pretty much close to that. So all vessels finally taper down to this, unless it's a shunt between arreitos and veins.  Page 171  Page 173  Q. And the fibroblasts that come in, what size are they? A. Lengthwise or widthwise? Q. And the fibroblasts that come in, what size are they? A. Lengthwise or widthwise? Q. Tell me both. A. Lengthwise it can be again pretty large, as macrophages over 100 microns. Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations. Q. The inflammatory cells, they can actually change shape? A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.  A. Yes.  Q. They're the first cells which come. Q. They're there, what, within a couple hou	19		19	Q how large are those, the diameter?
21 vessels fibroblasts come, start laying collagen. 22 So it becomes a granulation tissue rich in small 23 capillaries with loose fibrous tissue and 24 inflammatory cells within. Time progresses, 25 there's more collagen laid down, inflammatory 25 there's more collagen laid down, inflammatory 26 page 171  1 cells remove debris or whatever. And if it 2 cannot remove, then they localize it, and other 3 parts become more fibrotic, and so the scars 4 mature so there's less cells, less vessels, more 5 collagens, so it becomes harder, and gains 6 physical strength. That's 7 Q. And that scar formation process that 8 you just outlined in basic form, does that occur 9 regardless of whether there's a mesh involved? 10 A. Yes. It's a nonspecific process. 11 Q. Is it a process you learned about 12 during your pathology residency? 13 A. No. I learned it when I was a medical 14 student. 15 Q. Yo u mentioned some inflammatory cells, 16 and I think you said neutrophils, yes. 17 A. Initially neutrophils, yes. 18 Q. They come in early? 19 A. They're the first cells which come. 20 Q. They're there, what, within a couple 21 hours of the injury? 22 A. A couple, or four hours. 23 Q. How big are neutrophils? 24 Small as one red blood cell. 25 A. Pseudopodia. 26 D. So about seven microns, or nine? 27 A. Pretty much close to that. So all vessels finally taper down to this, unless it's a shunt between arteries and veins.  Page 173  A. Pretty much close to that. So all vessels finally taper down to this, unless it's a shunt between arteries and veins.  Page 173  Page 173  Page 173  A. Length-wise it can be again pretty size are they? Q. Tell me both. A. Length-wise it can be again pretty didneys in the fibroblasts that come in, what size are they? Q. Tell me both. A. Length-wise it can be again pretty don't remember exact numbers, but these are approximations.  10 Q. The inflammatory cells, they can actually change shape? 11 Q. The inflammatory cells, they can actually change shape? 12 A. Yes. Q. They're the first cells which come. 14	20		20	A. So the smallest capillary will be as
22 So it becomes a granulation tissue rich in small 23 capillaries with loose fibrous tissue and 24 inflammatory cells within. Time progresses, 25 there's more collagen laid down, inflammatory 26 there's more collagen laid down, inflammatory 27 page 171  28 Page 171  Page 171  Page 173  Page 173  Page 173  Page 174  Page 175  Page 176  Q. And the fibroblasts that come in, what size are they?  A. Lengthwise or widthwise?  Q. Tell me both.  A. Lengthwise it can be again pretty large, as macrophages over 100 microns.  Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student.  Q. You mentioned some inflammatory cells, and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They come in early?  A. Thety're there, what, within a couple hours of the injury?  A. Repeat the question? How big?  A. Repeat the question? How big?  A. Page 171  Page 173  A. Pretty much close to that. So all vessels finally taper down to this, unless it's a shunt between arteries and veins.  A. Pretty much close to that. So all vessels finally taper down to this, unless it's a shunt between arteries and veins.  A. Page 173  Page 173  Page 173  A. Lengthwise or widthwise?  Q. Tell me both.  A. Lengthwise it can be again pretty large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. The inflammatory cells, they can actually change shape?  A. How big are neutrophils?  A. How big are neutrophils?  A. Pretty much close to fait to an exist of the myst of	21	-	21	small as one red blood cell.
23 capillaries with loose fibrous tissue and inflammatory cells within. Time progresses, 24 there's more collagen laid down, inflammatory 25 there's less cells a shunt between arteries and veins.  Page 171  Page 173  Page 175  Page 176  Q. And the fibroblasts that come in, what size are they?  A. Lengthwise or widthwise?  Q. Tell me both.  A. Lengthwise it can be again pretty large, as macrophages over 100 microns.  Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student.  Q. You mentioned some inflammatory cells, and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They come in early?  A. They're the first cells which come.  Q. They're there, what, within a couple hours of the injury?  A. Repeat the question? How big?  A. Pseudopodia.	22		22	Q. So about seven microns, or nine?
24 inflammatory cells within. Time progresses, there's more collagen laid down, inflammatory  25 there's more collagen laid down, inflammatory  Page 171  1 cells remove debris or whatever. And if it cannot remove, then they localize it, and other parts become more fibrotic, and so the scars and run so there's less cells, less vessels, more collagens, so it becomes harder, and gains physical strength. That's  Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about that range. Again I don't know exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. No. I learned it when I was a medical student.  Q. You mentioned some inflammatory cells, and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They come in early?  A. They're the first cells which come.  Q. They're there, what, within a couple hours of the injury?  A. A couple, or four hours.  A. Repeat the question? How big?  A. Pseudopodia.	23		23	A. Pretty much close to that. So all
Page 171  Page 171  cells remove debris or whatever. And if it cannot remove, then they localize it, and other parts become more fibrotic, and so the scars mature so there's less cells, less vessels, more collagens, so it becomes harder, and gains physical strength. That's  Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student.  Q. You mentioned some inflammatory cells, and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They're there, what, within a couple hours of the injury?  A. Repeat the question? How big?  A. A soul part of the first cells which come.  Q. They can a shunt between arteries and veins.  Q. And the fibroblasts that come in, what size are they?  Q. And the fibroblasts that come in, what size are they?  Q. And the fibroblasts that come in, what size are they?  Q. And the fibroblasts that come in, what size are they?  Q. And the fibroblasts that come in, what size are they?  Q. Thell me both.  A. Length-wise it can be again pretty large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. Their inflammatory cells, they can actually change shape?  A. Yes.  A. Hitially neutrophils, yes.  Q. They come in early?  A. A couple, or four hours.  Q. They also can set out part of themselves called a pseudopodia?  A. Repeat the question? How big?  A. Pseudopodia.	24	-	24	vessels finally taper down to this, unless it's
cells remove debris or whatever. And if it cannot remove, then they localize it, and other parts become more fibrotic, and so the scars mature so there's less cells, less vessels, more collagens, so it becomes harder, and gains physical strength. That's Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student.  Q. You mentioned some inflammatory cells, and I think you said neutrophils? A. Initially neutrophils, yes. Q. They're the first cells which come. Q. They're there, what, within a couple hours of the injury? A. Repeat the question? How big?  A. Pseudopodia.  Q. And the fibroblasts that come in, what size are they? A. Length-wise or widthwise? A. Length-wise it can be again pretty large, as macrophages over 100 microns. Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. I think you have a photograph in here. We'll get to it later.  And that's one of the ways that they can deal with something like bacteria, to try to get at a bacteria and contain it by changing shape so that it can get to a location where bacteria is?  A. Yes.  Q. They are they?  A. Pseudopodia.	25		25	a shunt between arteries and veins.
2 cannot remove, then they localize it, and other 3 parts become more fibrotic, and so the scars 4 mature so there's less cells, less vessels, more 5 collagens, so it becomes harder, and gains 6 physical strength. That's 7 Q. And that scar formation process that 8 you just outlined in basic form, does that occur 9 regardless of whether there's a mesh involved? 9 A. Yes. It's a nonspecific process. 10 A. Yes. It's a nonspecific process. 11 Q. Is it a process you learned about 12 during your pathology residency? 13 A. No. I learned it when I was a medical 14 student. 15 Q. You mentioned some inflammatory cells, 16 and I think you said neutrophils? 17 A. Initially neutrophils, yes. 18 Q. They come in early? 19 A. They're the first cells which come. 20 Q. They're there, what, within a couple 21 hours of the injury? 22 A. A couple, or four hours. 24 A. Repeat the question? How big? 24 A. Pseudopodia.  2 size are they? 3 A. Lengthwise or widthwise? 4 Q. Tell me both. A. Lengthwise it can be again pretty large, as macrophages over 100 microns. Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations. Q. The inflammatory cells, they can actually change shape? 12 A. Yes. Q. I think you have a photograph in here. We'll get to it later. And that's one of the ways that they can deal with something like bacteria, to try to get at a bacteria and contain it by changing shape so that it can get to a location where 20 Q. They're there, what, within a couple 21 hours of the injury? 22 A. A couple, or four hours. 23 Q. How big are neutrophils? 24 A. Repeat the question? How big? 24 A. Pseudopodia.		Page 171		Page 173
parts become more fibrotic, and so the scars mature so there's less cells, less vessels, more collagens, so it becomes harder, and gains physical strength. That's Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student.  Q. You mentioned some inflammatory cells, and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They're the first cells which come. Q. They're there, what, within a couple hours of the injury?  A. Repeat the question? How big?  A. Lengthwise or widthwise?  A. Lengthwise it can be again pretty land. A. Lengthwise it can be again pretty  A. Lengthwise it can be again pretty land. A. Lengthwise it can be again pretty lange, as macrophages over 100 microns. Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't know ex	1	cells remove debris or whatever. And if it	1	Q. And the fibroblasts that come in, what
mature so there's less cells, less vessels, more collagens, so it becomes harder, and gains physical strength. That's  Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student.  Q. You mentioned some inflammatory cells, and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They're there, what, within a couple Q. They're there, what, within a couple Q. How big are neutrophils?  A. Repeat the question? How big?  4. Length-wise it can be again pretty large, as macrophages over 100 microns.  A. Length-wise it can be again pretty large, as macrophages over 100 microns.  A. Length-wise it can be again pretty large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. Ithink you have a photograph in here.  We'll get to it later.  And that's one of the ways that they can deal with something like bacteria, to try to get at a bacteria and contain it by changing shape so that it can get to a location where bacteria is?  A. Yes.  Q. They're there, what, within a couple  A. Yes.  A. A couple, or four hours.  Q. They also can set out part of themselves called a pseudopodia?  A. Pseudopodia.	2	cannot remove, then they localize it, and other	2	size are they?
collagens, so it becomes harder, and gains physical strength. That's Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student.  Q. You mentioned some inflammatory cells, and I think you said neutrophils?  A. Initially neutrophils, yes. Q. They come in early? A. They're the first cells which come. Q. They're there, what, within a couple hours of the injury? A. Repeat the question? How big? A. Repeat the question? How big? A. Pseudopodia.  A. Length-wise it can be again pretty large, as macrophages over 100 microns. Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations. Q. The inflammatory cells, they can actually change shape? A. Yes.  Q. The inflammatory cells, they can actually change shape? A. Yes.  Q. I think you have a photograph in here. We'll get to it later. And that's one of the ways that they can deal with something like bacteria, to try to get at a bacteria and contain it by changing shape so that it can get to a location where bacteria is? A. Yes.  A. Yes. A. Yes.	3	parts become more fibrotic, and so the scars	3	A. Lengthwise or widthwise?
physical strength. That's Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student.  Q. You mentioned some inflammatory cells, and I think you said neutrophils?  A. Initially neutrophils, yes. Q. They're the first cells which come. Q. They're there, what, within a couple hours of the injury?  A. Repeat the question? How big?  A. Repeat the question? How big?  6 large, as macrophages over 100 microns. Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.  And that's one of the ways that they can deal with something like bacteria, to try to get at a bacteria and contain it by changing  A. They're the first cells which come.  Q. They also can set out part of themselves called a pseudopodia?  A. Repeat the question? How big?  A. Pseudopodia.	4	mature so there's less cells, less vessels, more	4	Q. Tell me both.
Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student.  Q. You mentioned some inflammatory cells, and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They're the first cells which come.  Q. They're there, what, within a couple hours of the injury?  A. A couple, or four hours.  Q. How big are neutrophils?  A. Repeat the question? How big?  Vidthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact number, don't know exact number, don't remember exact number, don't know exact number, d	5	collagens, so it becomes harder, and gains	5	A T
that range. Again I don't know exact number, gregardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student.  Q. You mentioned some inflammatory cells, and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They're the first cells which come.  Q. They're there, what, within a couple hours of the injury?  A. A. Couple, or four hours.  Q. How big are neutrophils?  A. Repeat the question? How big?  4. They're the first cells which come.  A. Repeat the question? How big?  4. They're the first cells which come.  A. Repeat the question? How big?  4. They come in earty on the injury?  A. Repeat the question? How big?  4. They approximations.  Q. The inflammatory cells, they can approximations.  Q. The inflammatory cells, they can approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  We'll get to it later.  And that's one of the ways that they can deal with something like bacteria, to try to get at a bacteria and contain it by changing shape so that it can get to a location where bacteria is?  A. Yes.  Q. They also can set out part of themselves called a pseudopodia?  A. Pseudopodia.	6			A. Length-wise it can be again pretty
regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about  during your pathology residency?  A. No. I learned it when I was a medical  student.  Q. You mentioned some inflammatory cells,  and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They come in early?  A. They're the first cells which come.  Q. They're there, what, within a couple  A. A couple, or four hours.  Q. How big are neutrophils?  A. Peseudopodia.	U	* *		large, as macrophages over 100 microns.
A. Yes. It's a nonspecific process.  Q. Is it a process you learned about  during your pathology residency?  A. No. I learned it when I was a medical  student.  Q. The inflammatory cells, they can  actually change shape?  A. Yes.  A. Yes.  Yes.  You mentioned some inflammatory cells,  and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They come in early?  A. They're the first cells which come.  Q. They're there, what, within a couple  hours of the injury?  A. A couple, or four hours.  Q. How big are neutrophils?  A. Repeat the question? How big?  10 approximations.  Q. The inflammatory cells, they can  actually change shape?  A. Yes.  We'll get to it later.  And that's one of the ways that they  can deal with something like bacteria, to try to  get at a bacteria and contain it by changing  shape so that it can get to a location where  bacteria is?  A. Yes.  Q. They also can set out part of  themselves called a pseudopodia?  A. Pseudopodia.		Q. And that scar formation process that	6	large, as macrophages over 100 microns. Widthwise, it might be 20 microns, somewhere in
11 Q. Is it a process you learned about 12 during your pathology residency? 13 A. No. I learned it when I was a medical 14 student. 15 Q. You mentioned some inflammatory cells, 16 and I think you said neutrophils? 17 A. Initially neutrophils, yes. 18 Q. They come in early? 19 A. They're the first cells which come. 20 Q. They're there, what, within a couple 21 hours of the injury? 22 A. A couple, or four hours. 23 Q. How big are neutrophils? 24 A. Repeat the question? How big? 21 Logo They bacteria and contain it by changing themselves called a pseudopodia. 26 They act and actually change shape? 27 A. Yes. 28 Q. The inflammatory cells, they can actually change shape? 29 A. Yes. 20 A. Yes. 21 A. Yes. 22 A. Repeat the question? How big? 20 A. Pseudopodia.	7	Q. And that scar formation process that you just outlined in basic form, does that occur	6 7 8	large, as macrophages over 100 microns. Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number,
during your pathology residency?  A. No. I learned it when I was a medical  student.  Q. You mentioned some inflammatory cells,  and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They come in early?  A. They're the first cells which come.  Q. They're there, what, within a couple  A. A couple, or four hours.  Q. How big are neutrophils?  A. No. I learned it when I was a medical  A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.  And that's one of the ways that they  can deal with something like bacteria, to try to  get at a bacteria and contain it by changing  shape so that it can get to a location where  bacteria is?  A. Yes.  Q. They also can set out part of  themselves called a pseudopodia?  A. Pseudopodia.	7 8 9	Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?	6 7 8 9	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are
A. No. I learned it when I was a medical  Student.  Q. You mentioned some inflammatory cells, and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They come in early?  A. They're the first cells which come.  Q. They're there, what, within a couple  hours of the injury?  A. A couple, or four hours.  Q. How big are neutrophils?  A. Repeat the question? How big?  A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.  And that's one of the ways that they  can deal with something like bacteria, to try to  get at a bacteria and contain it by changing  shape so that it can get to a location where  bacteria is?  A. Yes.  Q. They also can set out part of themselves called a pseudopodia?  A. Pseudopodia.	7 8 9 10	Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.	6 7 8 9 10	large, as macrophages over 100 microns. Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.
student.  Q. You mentioned some inflammatory cells,  and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They come in early?  A. They're the first cells which come.  Q. They're there, what, within a couple  Q. They're there, what, within a couple  Q. They of the injury?  A. A couple, or four hours.  Q. How big are neutrophils?  A. Repeat the question? How big?  14 Q. I think you have a photograph in here.  We'll get to it later.  And that's one of the ways that they  can deal with something like bacteria, to try to  get at a bacteria and contain it by changing  shape so that it can get to a location where  bacteria is?  A. Yes.  Q. They also can set out part of themselves called a pseudopodia?  A. Pseudopodia.	7 8 9 10 11	<ul> <li>Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?</li> <li>A. Yes. It's a nonspecific process.</li> <li>Q. Is it a process you learned about</li> </ul>	6 7 8 9 10 11	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can
Q. You mentioned some inflammatory cells, and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They come in early?  A. They're the first cells which come.  Q. They're there, what, within a couple  Q. They're there, what, within a couple  Q. They of the injury?  A. A couple, or four hours.  Q. How big are neutrophils?  A. Repeat the question? How big?  We'll get to it later.  And that's one of the ways that they  can deal with something like bacteria, to try to  get at a bacteria and contain it by changing  shape so that it can get to a location where  bacteria is?  A. Yes.  Q. They also can set out part of themselves called a pseudopodia?  A. Pseudopodia.	7 8 9 10 11	Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about during your pathology residency?	6 7 8 9 10 11 12	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?
and I think you said neutrophils?  A. Initially neutrophils, yes.  Q. They come in early?  A. They're the first cells which come.  Q. They're there, what, within a couple  Description of the injury?  A. A couple, or four hours.  Q. How big are neutrophils?  And that's one of the ways that they  can deal with something like bacteria, to try to  get at a bacteria and contain it by changing  shape so that it can get to a location where  bacteria is?  A. Yes.  Q. They also can set out part of themselves called a pseudopodia?  A. Repeat the question? How big?  A. Pseudopodia.	7 8 9 10 11 12 13	Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical	6 7 8 9 10 11 12 13	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.
A. Initially neutrophils, yes.  17 can deal with something like bacteria, to try to 18 Q. They come in early? 18 get at a bacteria and contain it by changing 19 A. They're the first cells which come. 20 Q. They're there, what, within a couple 21 hours of the injury? 22 A. A couple, or four hours. 23 Q. How big are neutrophils? 24 A. Repeat the question? How big? 26 Initially neutrophils, yes. 27 Initially neutrophils is get at a bacteria and contain it by changing 28 shape so that it can get to a location where 29 bacteria is? 20 A. Yes. 21 A. Yes. 22 Q. They also can set out part of 23 themselves called a pseudopodia? 24 A. Repeat the question? How big? 25 A. Pseudopodia.	7 8 9 10 11 12 13	Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process.  Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student.	6 7 8 9 10 11 12 13 14	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. I think you have a photograph in here.
18 Q. They come in early?  19 A. They're the first cells which come. 20 Q. They're there, what, within a couple 21 hours of the injury? 22 A. A couple, or four hours. 23 Q. How big are neutrophils? 24 A. Repeat the question? How big? 28 get at a bacteria and contain it by changing 29 shape so that it can get to a location where 20 bacteria is? 21 A. Yes. 22 Q. They also can set out part of 23 themselves called a pseudopodia? 24 A. Pseudopodia.	7 8 9 10 11 12 13 14 15	<ul> <li>Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?</li> <li>A. Yes. It's a nonspecific process.</li> <li>Q. Is it a process you learned about during your pathology residency?</li> <li>A. No. I learned it when I was a medical student.</li> <li>Q. You mentioned some inflammatory cells,</li> </ul>	6 7 8 9 10 11 12 13 14	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.
A. They're the first cells which come.  Q. They're there, what, within a couple bacteria is?  A. Yes.  A. A couple, or four hours.  Q. How big are neutrophils?  A. Repeat the question? How big?  A. They're the first cells which come.  19 shape so that it can get to a location where bacteria is?  20 bacteria is?  21 A. Yes.  22 Q. They also can set out part of themselves called a pseudopodia?  A. Pseudopodia.	7 8 9 10 11 12 13 14 15	<ul> <li>Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?</li> <li>A. Yes. It's a nonspecific process.</li> <li>Q. Is it a process you learned about during your pathology residency?</li> <li>A. No. I learned it when I was a medical student.</li> <li>Q. You mentioned some inflammatory cells, and I think you said neutrophils?</li> </ul>	6 7 8 9 10 11 12 13 14 15	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.  And that's one of the ways that they
20Q. They're there, what, within a couple20bacteria is?21hours of the injury?21A. Yes.22A. A couple, or four hours.22Q. They also can set out part of23Q. How big are neutrophils?23themselves called a pseudopodia?24A. Repeat the question? How big?24A. Pseudopodia.	7 8 9 10 11 12 13 14 15 16	<ul> <li>Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?</li> <li>A. Yes. It's a nonspecific process.</li> <li>Q. Is it a process you learned about during your pathology residency?</li> <li>A. No. I learned it when I was a medical student.</li> <li>Q. You mentioned some inflammatory cells, and I think you said neutrophils?</li> <li>A. Initially neutrophils, yes.</li> </ul>	6 7 8 9 10 11 12 13 14 15 16	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.  And that's one of the ways that they can deal with something like bacteria, to try to
hours of the injury?  A. Yes.  A. A couple, or four hours.  Q. How big are neutrophils?  A. Yes.  Q. They also can set out part of themselves called a pseudopodia?  A. Repeat the question? How big?  A. Pseudopodia.	7 8 9 10 11 12 13 14 15 16 17	Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process. Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student. Q. You mentioned some inflammatory cells, and I think you said neutrophils? A. Initially neutrophils, yes. Q. They come in early?	6 7 8 9 10 11 12 13 14 15 16 17	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.  And that's one of the ways that they can deal with something like bacteria, to try to get at a bacteria and contain it by changing
A. A couple, or four hours.  Q. How big are neutrophils?  A. Repeat the question? How big?  22  Q. They also can set out part of themselves called a pseudopodia?  A. Pseudopodia.	7 8 9 10 11 12 13 14 15 16 17 18	Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process. Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student. Q. You mentioned some inflammatory cells, and I think you said neutrophils? A. Initially neutrophils, yes. Q. They come in early? A. They're the first cells which come.	6 7 8 9 10 11 12 13 14 15 16 17 18	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.  And that's one of the ways that they can deal with something like bacteria, to try to get at a bacteria and contain it by changing shape so that it can get to a location where
Q. How big are neutrophils? 23 themselves called a pseudopodia? A. Repeat the question? How big? 24 A. Pseudopodia.	7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process. Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student. Q. You mentioned some inflammatory cells, and I think you said neutrophils? A. Initially neutrophils, yes. Q. They come in early? A. They're the first cells which come. Q. They're there, what, within a couple	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.  And that's one of the ways that they can deal with something like bacteria, to try to get at a bacteria and contain it by changing shape so that it can get to a location where bacteria is?
A. Repeat the question? How big? 24 A. Pseudopodia.	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process. Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student. Q. You mentioned some inflammatory cells, and I think you said neutrophils? A. Initially neutrophils, yes. Q. They come in early? A. They're the first cells which come. Q. They're there, what, within a couple hours of the injury?	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.  And that's one of the ways that they can deal with something like bacteria, to try to get at a bacteria and contain it by changing shape so that it can get to a location where bacteria is?  A. Yes.
	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process. Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student. Q. You mentioned some inflammatory cells, and I think you said neutrophils? A. Initially neutrophils, yes. Q. They come in early? A. They're the first cells which come. Q. They're there, what, within a couple hours of the injury? A. A couple, or four hours.	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.  And that's one of the ways that they can deal with something like bacteria, to try to get at a bacteria and contain it by changing shape so that it can get to a location where bacteria is?  A. Yes.  Q. They also can set out part of
25 Q. Yes. How large are neutrophils?   25 Q. And that's can you describe what a	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process. Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student. Q. You mentioned some inflammatory cells, and I think you said neutrophils? A. Initially neutrophils, yes. Q. They come in early? A. They're the first cells which come. Q. They're there, what, within a couple hours of the injury? A. A couple, or four hours. Q. How big are neutrophils?	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.  And that's one of the ways that they can deal with something like bacteria, to try to get at a bacteria and contain it by changing shape so that it can get to a location where bacteria is?  A. Yes.  Q. They also can set out part of themselves called a pseudopodia?
	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. And that scar formation process that you just outlined in basic form, does that occur regardless of whether there's a mesh involved?  A. Yes. It's a nonspecific process. Q. Is it a process you learned about during your pathology residency?  A. No. I learned it when I was a medical student. Q. You mentioned some inflammatory cells, and I think you said neutrophils? A. Initially neutrophils, yes. Q. They come in early? A. They're the first cells which come. Q. They're there, what, within a couple hours of the injury? A. A couple, or four hours. Q. How big are neutrophils? A. Repeat the question? How big?	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	large, as macrophages over 100 microns.  Widthwise, it might be 20 microns, somewhere in that range. Again I don't know exact number, don't remember exact numbers, but these are approximations.  Q. The inflammatory cells, they can actually change shape?  A. Yes.  Q. I think you have a photograph in here.  We'll get to it later.  And that's one of the ways that they can deal with something like bacteria, to try to get at a bacteria and contain it by changing shape so that it can get to a location where bacteria is?  A. Yes.  Q. They also can set out part of themselves called a pseudopodia?  A. Pseudopodia.

44 (Pages 170 to 173)

	Page 174		Page 176
1	pseudopodia is from a macrophage?	1	and non-parametric tests.
2	A. It's a finger-like projection of a	2	Q. Do you know if any corrections were
3	cytoplasm. So the cell, from round, it becomes	3	made to the data based on multiple comparisons?
4	like this.	4	A. We are going into sort of different
5	Q. You say right below that on Page 4	5	areas of statistics. This is this was a
6	"The presence of the mesh does not significantly	6	simple test, ten virgin tissue, ten scar without
7	affect nerve density in the scar tissue"?	7	mesh, and ten mesh specimens. So essentially
8	A. Yes. That was our project with	8	you have to measure, or calculate p-value of the
9	Dr. Bendavid, that was our conclusion.	9	difference between these two groups.
10	Q. Have you published on that project	10	Q. All right. There are multiple
11	with Dr. Bendavid?	11	comparisons in what you just identified?
12	A. Manuscript is in preparation. Paper	12	A. We I think multiple comparisons
13	has not been accepted yet.	13	might be a specific statistical term. I don't
14	Q. Have there been any presentations of	14	want to mix this. This was a simple two group
15	that data with you, Dr. Bendavid, at any	15	analysis, and then difference between three
16	conferences or meetings?	16	groups.
17	A. Not yet.	17	Q. Have you calculated the statistical
18	Q. Have they been discussed at your	18	significance, if any, affecting nerve density in
19	hospital in the department of pathology or any	19	scar tissue concerning mesh slings?
20	other groups?	20	A. No.
21	A. Well, I discussed it with Dr. Bendavid	21	Q. The statistician that you consulted,
22	at my hospital.	22	is that statistician in the strike that.
23	Q. What stage is the manuscript in?	23	Is the statistician who you referenced
24	A. It's almost done.	24	going to be named in the manuscript?
25	Q. You obviously have a copy of that on	25	A. Yes.
	Page 175		Page 177
1		1	
1 2	your computer? A. Yes.	2	Q. And is that statistician somebody at your hospital?
3	Q. And the mesh you were looking at	3	A. She's U of T staff.
4	there, was that in the hernia mesh or abdominal	4	Q. University of Toronto?
5	wall?	5	A. Yes.
6	A. Hernia meshes, yes.	6	Q. Page 4, Section 1.1.1.2, "Ingrowth,"
7	Q. And when you say "The presence of the	7	you say "The association of nerve entrapment
8	mesh does not significantly affect nerve density	8	with pain is well established in medicine and
9	in the scar tissue," did someone do statistical	9	became common knowledge."
		10	_
10 11	significance calculations to come to that		Do you see that?
т т	oonalugion'/		Λ Ves
1 2	conclusion?	11	A. Yes.
12	A. Yes.	12	Q. And then you say "Since the dawn of
13	<ul><li>A. Yes.</li><li>Q. Did you do that, or do you have a</li></ul>	12 13	Q. And then you say "Since the dawn of surgery, surgical techniques have been developed
13 14	<ul><li>A. Yes.</li><li>Q. Did you do that, or do you have a statistician involved?</li></ul>	12 13 14	Q. And then you say "Since the dawn of surgery, surgical techniques have been developed to avoid nerve damage and entrapment."
13 14 15	<ul><li>A. Yes.</li><li>Q. Did you do that, or do you have a statistician involved?</li><li>A. Well, first initially I do a sort of</li></ul>	12 13 14 15	Q. And then you say "Since the dawn of surgery, surgical techniques have been developed to avoid nerve damage and entrapment."  Do you see that?
13 14 15 16	<ul> <li>A. Yes.</li> <li>Q. Did you do that, or do you have a statistician involved?</li> <li>A. Well, first initially I do a sort of quirk and dirty test, and then when we need</li> </ul>	12 13 14 15 16	Q. And then you say "Since the dawn of surgery, surgical techniques have been developed to avoid nerve damage and entrapment."  Do you see that?  A. Yes.
13 14 15 16 17	<ul> <li>A. Yes.</li> <li>Q. Did you do that, or do you have a statistician involved?</li> <li>A. Well, first initially I do a sort of quirk and dirty test, and then when we need final to details, a statistician does it.</li> </ul>	12 13 14 15 16 17	<ul> <li>Q. And then you say "Since the dawn of surgery, surgical techniques have been developed to avoid nerve damage and entrapment."  Do you see that?  A. Yes.</li> <li>Q. When did the association of nerve</li> </ul>
13 14 15 16 17 18	<ul> <li>A. Yes.</li> <li>Q. Did you do that, or do you have a statistician involved?</li> <li>A. Well, first initially I do a sort of quirk and dirty test, and then when we need final to details, a statistician does it.</li> <li>Q. Do you know what type of test the</li> </ul>	12 13 14 15 16 17 18	<ul> <li>Q. And then you say "Since the dawn of surgery, surgical techniques have been developed to avoid nerve damage and entrapment."  Do you see that?  A. Yes.  Q. When did the association of nerve entrapment with pain become common knowledge, in</li> </ul>
13 14 15 16 17 18	<ul> <li>A. Yes.</li> <li>Q. Did you do that, or do you have a statistician involved?</li> <li>A. Well, first initially I do a sort of quirk and dirty test, and then when we need final to details, a statistician does it.</li> <li>Q. Do you know what type of test the statistician does to determine statistical</li> </ul>	12 13 14 15 16 17 18 19	Q. And then you say "Since the dawn of surgery, surgical techniques have been developed to avoid nerve damage and entrapment."  Do you see that?  A. Yes.  Q. When did the association of nerve entrapment with pain become common knowledge, in your opinion?
13 14 15 16 17 18 19 20	A. Yes. Q. Did you do that, or do you have a statistician involved? A. Well, first initially I do a sort of quirk and dirty test, and then when we need final to details, a statistician does it. Q. Do you know what type of test the statistician does to determine statistical significance concerning nerve density in the	12 13 14 15 16 17 18 19 20	Q. And then you say "Since the dawn of surgery, surgical techniques have been developed to avoid nerve damage and entrapment."  Do you see that?  A. Yes.  Q. When did the association of nerve entrapment with pain become common knowledge, in your opinion?  A. It's hard to trace now, but you have
13 14 15 16 17 18 19 20 21	A. Yes. Q. Did you do that, or do you have a statistician involved? A. Well, first initially I do a sort of quirk and dirty test, and then when we need final to details, a statistician does it. Q. Do you know what type of test the statistician does to determine statistical significance concerning nerve density in the scar tissue?	12 13 14 15 16 17 18 19 20 21	Q. And then you say "Since the dawn of surgery, surgical techniques have been developed to avoid nerve damage and entrapment."  Do you see that?  A. Yes.  Q. When did the association of nerve entrapment with pain become common knowledge, in your opinion?  A. It's hard to trace now, but you have to think that's the effect of it. So once
13 14 15 16 17 18 19 20 21	A. Yes. Q. Did you do that, or do you have a statistician involved? A. Well, first initially I do a sort of quirk and dirty test, and then when we need final to details, a statistician does it. Q. Do you know what type of test the statistician does to determine statistical significance concerning nerve density in the scar tissue? A. She did non-parametric analysis.	12 13 14 15 16 17 18 19 20 21 22	Q. And then you say "Since the dawn of surgery, surgical techniques have been developed to avoid nerve damage and entrapment."  Do you see that?  A. Yes.  Q. When did the association of nerve entrapment with pain become common knowledge, in your opinion?  A. It's hard to trace now, but you have to think that's the effect of it. So once people realize that toothache is when the nerve
13 14 15 16 17 18 19 20 21 22 23	A. Yes. Q. Did you do that, or do you have a statistician involved? A. Well, first initially I do a sort of quirk and dirty test, and then when we need final to details, a statistician does it. Q. Do you know what type of test the statistician does to determine statistical significance concerning nerve density in the scar tissue? A. She did non-parametric analysis. Q. Do you know the specific test name?	12 13 14 15 16 17 18 19 20 21 22 23	Q. And then you say "Since the dawn of surgery, surgical techniques have been developed to avoid nerve damage and entrapment."  Do you see that?  A. Yes.  Q. When did the association of nerve entrapment with pain become common knowledge, in your opinion?  A. It's hard to trace now, but you have to think that's the effect of it. So once people realize that toothache is when the nerve is compressed in the root canal, that's where it
13 14 15 16 17 18 19 20 21	A. Yes. Q. Did you do that, or do you have a statistician involved? A. Well, first initially I do a sort of quirk and dirty test, and then when we need final to details, a statistician does it. Q. Do you know what type of test the statistician does to determine statistical significance concerning nerve density in the scar tissue? A. She did non-parametric analysis.	12 13 14 15 16 17 18 19 20 21 22	Q. And then you say "Since the dawn of surgery, surgical techniques have been developed to avoid nerve damage and entrapment."  Do you see that?  A. Yes.  Q. When did the association of nerve entrapment with pain become common knowledge, in your opinion?  A. It's hard to trace now, but you have to think that's the effect of it. So once people realize that toothache is when the nerve

	Page 178		Page 180
1	that nerve entrapment can lead to pain?	1	Q. Okay. And it's your contention that
2	A. In medical school.	2	there's thousands of pores in that
3	Q. Is that something you were taught	3	A. Yes.
4	during basic pathology course in medical school,	4	Q 15-centimeter piece of mesh tape?
5	or another course?	5	A. Yes. Now we have to define what's
6	A. Surgery mostly. Yeah, mostly surgery.	6	support.
7	Some neurology.	7	The mesh is needed in the complex
8	Q. Page 4, a little bit further down, you	8	weave pattern. So the pores are not just those
9	say "A knitted polypropylene mesh introduces	9	which are commonly described in one dimension,
10	thousands of compartments (pores into the	10	they're also spaces in third dimension. These
11	body)."	11	are also pores. People try to avoid that, but
12	Do you see that?	12	it's still there. When you look in the
13	A. Yes.	13	microscope you see all this.
14	Q. You're not talking about a TVT mesh	14	So if you now go to manufacturer
15	sling there, correct?	15	descriptions of the porosity of the mesh, this
16	A. Repeat the question?	16	will be underestimation of the number of
17	Q. You're not talking about a TVT mesh	17	compartments.
18	sling, correct?	18	So this if we go to Page 34, the
19	A. You're not let's phrase it, "A mesh	19	convention is that the pores are only on this.
20	of knitted design introduces multiple	20	But that's underestimation, because the space is
21	compartments, including TVT Ethicon mesh."	21	also in third dimension, and these are also
22	Q. But you wrote "introduces thousands of	22	compartments.
23	compartments." And you know the TVT sling is	23	Q. What brand is that mesh on the left
24	only one centimeter wide, correct?	24	that you're pointing to?
25	A. Yes.	25	A. Either Ethicon or another brand.
1	Page 179  Q. You know how many pores there are per	1	Page 181  They're all done the same way.
2	centimeter?	2	Q. Those two aren't done the same way.
3	A. I can calculate it. But it's a long	3	If you look at them, they certainly don't look
4	one.	4	the same?
5	Q. Do you know how much tape, on average,	5	A. One is blue, one is transparent, but
6	is left in a woman after she has a TVT-O sling	6	the knitting pattern is the same.
7	put in, the length of tape?	7	Q. How do you know that?
8	A. The length of tape, I can go back and	8	A. I can see it.
9	check the records. I don't remember exactly.	9	Q. What type of mesh is this on the left?
10	It's probably up to 10 centimeters or so,	10	A. It's a transvaginal sling.
11	roughly, my estimate.	11	Q. I'm saying who is the manufacturer?
12	Q. The excess	12	What's the type of sling?
13	A. More, probably more than 10	13	A. I don't remember now.
14	centimeters.	14	Q. Do you have information back at your
15	Q. For TVT-O?	15	office that identifies, for example, Figure 17a
16	A. Yes.	16	in the left, that's a photograph of this type of
17	Q. What's your estimate for the length of	17	sling?
18	tape?	18	A. Yes, it's most likely AMS sling. So
19	A. If you take a length, maybe up to	19	when the mesh is knitted, the parameters which
20	15 centimeters.	20	were described as porous is these holes, but
21	Q. You understand that the excess tape is	21	this is not all the compartments. This is also
	cut?	22	a pore, it's a different dimension, nobody
22	cut.		* · ·
	A. Yes.	23	looked at it. But when I look in the
22	A. Yes.	23 24	
22 23			looked at it. But when I look in the microscope, this compartment is also inhabited by living tissue with vessels and nerves, and

46 (Pages 178 to 181)

	Page 182		Page 184
1	they're completely ignored during manufacturing	1	recurrence. Patient didn't come for
2	description. So if you measure so many pores in	2	complaining of symptoms as complication of the
3	one centimeter width, you also have to count	3	mesh placement, but they came because hernia
4	these pores.	4	recurred. So the mesh was excised for
5	Q. And it's your testimony that there's	5	recurrence.
6	tissue that gets into those pores in Figure 17b,	6	Q. I think I don't think that we
7	the lower right?	7	you didn't hear my question, I guess.
8	A. Yes.	8	Did you look at any mesh slings,
9	Q. What's the distance in microns of that	9	transvaginal mesh slings, which were strike
10	space where you see tissue?	10	that. I'll just ask it again.
11	A. This space?	11	Did you compare any explanted mesh
12	Q. Yes.	12	slings that were taken out for reasons other
13	A. It's over a millimeter.	13	than those that you assume were due to
14	Q. And for the picture that's at the	14	complications?
15	bottom of Figure 17b on the right, what's the	15	A. I think I answered that.
16	size of those mesh pores?	16	Q. I'm not talking about hernia, I'm
17	A. Those small ones, over a millimeter.	17	talking about mesh slings.
18	Larger than a millimeter.	18	A. Even before that.
19	Q. The mesh pores in TVT mesh are larger	19	Q. Okay. Let me understand then.
20	than a millimeter?	20	A. You asked me if I examined specimens
21	A. What do we define as a pore? Space	21	which were excised not for complications, and my
22	limited by filaments? They will go all the way	22	answer was that I my understanding is that
23	from nothing when the filaments touch each other	23	all meshes are excised to treat complications.
24	to the largest dimension. So it's a range. It	24	Q. So for the mesh slings that you looked
25	will start from 1 micron or whatever, no space	25	at, all of those you looked at were to people
	Page 183		Page 185
1	in-between at all, to I don't remember exact	1	who had complications, to your understanding?
2	measurement, but it will be over a millimeter.	2	A. Yes.
3	Q. Did you measure the pore size of the	3	Q. You didn't have a separate group of
4	TVT-O mesh?	4	mesh slings that you analyzed that were not
5	A. At one point, yes, I measured this	5	taken out for patients with complications and
6	linear dimension. The maximum dimension.	6	1.1 . 1
7			you compared those two data sets, correct?
	There's no such thing as pore size. There's	7	A. No. Because I don't believe such a
8	maximum dimension of a pore. Because these	7 8	A. No. Because I don't believe such a group exists.
8 9	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional		<ul><li>A. No. Because I don't believe such a group exists.</li><li>Q. Let's go to Page 12 of your report.</li></ul>
_	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to	8	<ul><li>A. No. Because I don't believe such a group exists.</li><li>Q. Let's go to Page 12 of your report.</li><li>What I'd like to do is just go through</li></ul>
9 10 11	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional	8 9	<ul> <li>A. No. Because I don't believe such a group exists.</li> <li>Q. Let's go to Page 12 of your report.</li> <li>What I'd like to do is just go through the photographs, photo micrographs you have, and</li> </ul>
9	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to maximum dimension. Maximum dimension can be measured.	8 9 10	<ul> <li>A. No. Because I don't believe such a group exists.</li> <li>Q. Let's go to Page 12 of your report. What I'd like to do is just go through the photographs, photo micrographs you have, and ask you questions about them.</li> </ul>
9 10 11	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to maximum dimension. Maximum dimension can be measured.  Q. And what was the measurement you	8 9 10 11	<ul> <li>A. No. Because I don't believe such a group exists.</li> <li>Q. Let's go to Page 12 of your report. What I'd like to do is just go through the photographs, photo micrographs you have, and ask you questions about them. All right. We're looking at Figure 1a</li> </ul>
9 10 11 12	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to maximum dimension. Maximum dimension can be measured.  Q. And what was the measurement you obtained for the maximum dimension of the pore	8 9 10 11 12	<ul> <li>A. No. Because I don't believe such a group exists.</li> <li>Q. Let's go to Page 12 of your report. What I'd like to do is just go through the photographs, photo micrographs you have, and ask you questions about them.</li> </ul>
9 10 11 12 13 14 15	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to maximum dimension. Maximum dimension can be measured.  Q. And what was the measurement you obtained for the maximum dimension of the pore of the TVT-O mesh?	8 9 10 11 12 13	A. No. Because I don't believe such a group exists.  Q. Let's go to Page 12 of your report.  What I'd like to do is just go through the photographs, photo micrographs you have, and ask you questions about them.  All right. We're looking at Figure 1a on Page 12 of your report.  Do you see that?
9 10 11 12 13 14	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to maximum dimension. Maximum dimension can be measured.  Q. And what was the measurement you obtained for the maximum dimension of the pore of the TVT-O mesh?  A. I don't remember now. Over a	8 9 10 11 12 13 14	<ul> <li>A. No. Because I don't believe such a group exists.</li> <li>Q. Let's go to Page 12 of your report. What I'd like to do is just go through the photographs, photo micrographs you have, and ask you questions about them. All right. We're looking at Figure 1a on Page 12 of your report.</li> </ul>
9 10 11 12 13 14 15	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to maximum dimension. Maximum dimension can be measured.  Q. And what was the measurement you obtained for the maximum dimension of the pore of the TVT-O mesh?  A. I don't remember now. Over a millimeter. From usually it's over two	8 9 10 11 12 13 14 15	A. No. Because I don't believe such a group exists.  Q. Let's go to Page 12 of your report.  What I'd like to do is just go through the photographs, photo micrographs you have, and ask you questions about them.  All right. We're looking at Figure 1a on Page 12 of your report.  Do you see that?
9 10 11 12 13 14 15	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to maximum dimension. Maximum dimension can be measured.  Q. And what was the measurement you obtained for the maximum dimension of the pore of the TVT-O mesh?  A. I don't remember now. Over a millimeter. From usually it's over two millimeters, largest dimension, or approaches to	8 9 10 11 12 13 14 15 16	A. No. Because I don't believe such a group exists.  Q. Let's go to Page 12 of your report. What I'd like to do is just go through the photographs, photo micrographs you have, and ask you questions about them. All right. We're looking at Figure 1a on Page 12 of your report. Do you see that? A. Yes. Q. And this is from Mrs. Edwards' TVT-O sling, correct?
9 10 11 12 13 14 15 16 17	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to maximum dimension. Maximum dimension can be measured.  Q. And what was the measurement you obtained for the maximum dimension of the pore of the TVT-O mesh?  A. I don't remember now. Over a millimeter. From usually it's over two	8 9 10 11 12 13 14 15 16 17	A. No. Because I don't believe such a group exists.  Q. Let's go to Page 12 of your report.  What I'd like to do is just go through the photographs, photo micrographs you have, and ask you questions about them.  All right. We're looking at Figure 1a on Page 12 of your report.  Do you see that?  A. Yes.  Q. And this is from Mrs. Edwards' TVT-O
9 10 11 12 13 14 15 16 17	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to maximum dimension. Maximum dimension can be measured.  Q. And what was the measurement you obtained for the maximum dimension of the pore of the TVT-O mesh?  A. I don't remember now. Over a millimeter. From usually it's over two millimeters, largest dimension, or approaches to	8 9 10 11 12 13 14 15 16 17	A. No. Because I don't believe such a group exists.  Q. Let's go to Page 12 of your report. What I'd like to do is just go through the photographs, photo micrographs you have, and ask you questions about them. All right. We're looking at Figure 1a on Page 12 of your report. Do you see that? A. Yes. Q. And this is from Mrs. Edwards' TVT-O sling, correct?
9 10 11 12 13 14 15 16 17 18	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to maximum dimension. Maximum dimension can be measured.  Q. And what was the measurement you obtained for the maximum dimension of the pore of the TVT-O mesh?  A. I don't remember now. Over a millimeter. From usually it's over two millimeters, largest dimension, or approaches to two millimeters, largest dimension.	8 9 10 11 12 13 14 15 16 17 18	A. No. Because I don't believe such a group exists.  Q. Let's go to Page 12 of your report.  What I'd like to do is just go through the photographs, photo micrographs you have, and ask you questions about them.  All right. We're looking at Figure 1a on Page 12 of your report.  Do you see that?  A. Yes.  Q. And this is from Mrs. Edwards' TVT-O sling, correct?  A. Yes.  Q. You did S100 protein staining, correct?
9 10 11 12 13 14 15 16 17 18 19 20	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to maximum dimension. Maximum dimension can be measured.  Q. And what was the measurement you obtained for the maximum dimension of the pore of the TVT-O mesh?  A. I don't remember now. Over a millimeter. From usually it's over two millimeters, largest dimension, or approaches to two millimeters, largest dimension.  Q. Did you compare any explanted mesh	8 9 10 11 12 13 14 15 16 17 18 19 20	A. No. Because I don't believe such a group exists.  Q. Let's go to Page 12 of your report.  What I'd like to do is just go through the photographs, photo micrographs you have, and ask you questions about them.  All right. We're looking at Figure 1a on Page 12 of your report.  Do you see that?  A. Yes.  Q. And this is from Mrs. Edwards' TVT-O sling, correct?  A. Yes.  Q. You did S100 protein staining,
9 10 11 12 13 14 15 16 17 18 19 20 21	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to maximum dimension. Maximum dimension can be measured.  Q. And what was the measurement you obtained for the maximum dimension of the pore of the TVT-O mesh?  A. I don't remember now. Over a millimeter. From usually it's over two millimeters, largest dimension, or approaches to two millimeters, largest dimension.  Q. Did you compare any explanted mesh slings that were taken out for reasons other	8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. No. Because I don't believe such a group exists.  Q. Let's go to Page 12 of your report.  What I'd like to do is just go through the photographs, photo micrographs you have, and ask you questions about them.  All right. We're looking at Figure 1a on Page 12 of your report.  Do you see that?  A. Yes.  Q. And this is from Mrs. Edwards' TVT-O sling, correct?  A. Yes.  Q. You did S100 protein staining, correct?
9 10 11 12 13 14 15 16 17 18 19 20 21 22	maximum dimension of a pore. Because these pores, when they're looked in three-dimensional space, start from zero, and then they extend to maximum dimension. Maximum dimension can be measured.  Q. And what was the measurement you obtained for the maximum dimension of the pore of the TVT-O mesh?  A. I don't remember now. Over a millimeter. From usually it's over two millimeters, largest dimension, or approaches to two millimeters, largest dimension.  Q. Did you compare any explanted mesh slings that were taken out for reasons other than those that you assume were because of	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. No. Because I don't believe such a group exists.  Q. Let's go to Page 12 of your report.  What I'd like to do is just go through the photographs, photo micrographs you have, and ask you questions about them.  All right. We're looking at Figure 1a on Page 12 of your report.  Do you see that?  A. Yes.  Q. And this is from Mrs. Edwards' TVT-O sling, correct?  A. Yes.  Q. You did S100 protein staining, correct?  A. Yes.

47 (Pages 182 to 185)

Then when I prepare the pictures, I crop them, a therefore the initial magnification factor is thrown away just by cropping factors. So technically you cannot firmly state what magnification factor the picture is. I can give you approximately dimensions for reference.  Q. Sure.  MR. SNELL: I think I asked, but just not a request to produce.  By MR. SNELL: I think I asked, but just not a request to produce.  By MR. SNELL:  By MR. SNELL: I think I asked, but just not a request to produce.  By MR. SNELL:  By MR. S		Page 186		Page 188
2 Then when I prepare the pictures, I crop them, therefore the initial magnification factor is 4 thrown away just by cropping factors. So 5 technically you cannot firmly state what 5 magnification factor the picture is. I can give you approximately dimensions for reference.  9 A. The filaments are approximately. 2 millimeter. 2 A. Yes. Approximately 2-millimeter 1 Do Just you measure the filament diameter? 2 A. Yes. Approximately 2-millimeter 1 Do you see that? 1 D	1	general public, so it include each objective.	1	your office?
therefore the initial magnification factor is thrown away just by cropping factors. So technically you cannot firmly state what magnification factor the picture is. I can give you approximately immersions for reference.  Q. Sure.  A. The filaments are approximately 2.  millimeter.  Q. Did you measure the filament diameter?  A. Yes. Approximately 2millimeter plus/minus what?  A. Error of measurement. Or maybe they varied, maybe they're not all the same.  Q. That's my question. Did you go through, and did you measure all the filaments in Mrs. Edwards' TVT-O mesh that you looked at?  A. No. Didn't answer amy questions, approximately I measured mage.  Q. Q. Logaes what I'm getting at is when you say you measured it, do you measured it with some type of tool?  Page 187  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you use magnification factor objective, and then you magnification were times 1,25, 4, 10, 25, 40, 110, 25, 40, 110, 20, Ac. Close to 10. Maybe 25. It all depends on cropping factor, because if the picture will hower magnification and then crop it, and for some magnification on and then crop it, and for some magnification on and then crop it, and for some magnification on and then crop it, and for some magnification on and then crop it, and for some magnification on and then crop it, and for some magnification on an and the crop it, and for some magnification on an analysis to specific objective	2		2	•
thrown away just by cropping factors. So technically you cannot firmly state what magnification factor the picture is. I can give you approximately dimensions for reference. So Sure.  A. The filaments are approximately.2 millimeter. Di Milmeter.  A. Yes. Approximately.2-millimeter Di Mushimus. Q. Plus/minus what? A. Error of measurement. Or maybe they to varied, maybe theyre not all the same. Q. Plus/minus what? A. Error of measurement. Or maybe they to varied, maybe theyre not all the same. Q. That's my question. Did you go through, and did you measured the filaments in Mrs. Edwards' TVI-O mesh that you looked at? A. No. Didn't answer any questions, approximately I measured ange. Q. I guess what I'm getting at is when you say you measured it, do you measured it with some type of tool?  Page 187  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you use measure. Q. So Figure Ia, the microscope that you looked at strike that.  Page 187  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you use measure. Q. So Figure Ia, the microscope that you looked at strike that.  A. One objectives, not Q. Objectives, yes. Q. A clase to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives and magnification and then crop it, and for some magnification on up go just to specific objective.  Micropal Page 189  Page 189  Can you explain to me your understanding of how a TVT-O mesh is put into the depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives and prification	3		3	MR. SNELL: I think I asked, but just
technically you cannot firmly state what magnification factor the picture is. I can give you approximately dimensions for reference.  No. Sure.  No. Sure. No. The filaments are approximately. 2 millimeter.  No. Did you measure the filament diameter? No. Plus/minus. No. Did you measure the filament diameter? No. Error of measurement. Or maybe they varied, maybe they're not all the same. No. Didn't answer any questions, in Mrs. Edwards' TTV-O mesh that you looked at? No. Didn't answer any questions, approximately I measured range. No. Didn't answer any questions, approximately I measured it, do you measured it with some type of tool?  Page 187  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you are magnification factor objective, and then you had on that microscope? No. So Figure Ia, the microscope that you look at Mrs. Edwards' specimens, what were the different popower options you had on that microscope?  A. O. Objectives, yes.  A. Close to 10. Maybe 25. It all depends on cropping factor, because if the pricture was large and I just cropped. Sometimes you have to choose because not all objectives are aganification and then crop it, and for some magnification on the orrection and the means of the pricture was large and I just cropped. Sometimes you have to choose because not all objectives are aganification and then crop it, and for some magnification and then crop it, and for some magnification on the orrection of the control of the	4	<del>_</del>	4	•
6 magnification factor the picture is. I can give you approximately dimensions for reference. 8 Q. Sure. 9 A. The filaments are approximately .2 millimeter. 10 millimeter. 11 Q. Did you measure the filament diameter? 12 A. Yes. Approximately .2-millimeter 12 Do you see that? 13 plus/minus. 14 Q. Plus/minus what? 15 A. Error of measurement. Or maybe they 15 varied, maybe they're not all the same. 16 varied, maybe they're not all the same. 17 Q. That's my question. Did you go 18 through, and did you measure all the filaments in Mrs. Edwards' TVT-O mesh that you looked at? 18 through, and did you measure all the filaments in Mrs. Edwards' TVT-O mesh that you looked at? 20 A. No. Didn't answer any questions, and you say you measured it for you measured it with some type of tool? 20 Q. I guess what I'm getting at is when you say you measured it do you measured it with some type of tool? 21 eyehalled it and measured it, or you measured it with some type of tool? 22 approximately I measured it, or you measured it with some type of tool? 23 you use scale in the eyepiece, and then you use measure. 24 eyehalled it and measured it, or you measured it to be objective, and then you measure. 25 with some type of tool? 26 tooked at strike that. 27 The microscope you used to look at 18 Mrs. Edwards' speciens, what were the different power options you had on that microscope? 29 A. Objectives, yes. 20 A. Objective magnification factors magnification factors because not all objectives you have to choose because not all objectives you have to choose because not all objectives and proven understanding, does not dissect all the way through the vaginal wall to put the picture was large and I just cropped. Sometimes you have to choose because not all objectives and proven understanding, does not dissect all the way through the wearing with one to the vaginal wall to put the mesh up to picture was large and I just cropped. Sometimes you have to choose because not all objectives and proven understanding, does not dissect all the w	5	technically you cannot firmly state what	5	
you approximately dimensions for reference.  Q. Sure. A. The filaments are approximately .2 millimeter. Q. Did you measure the filament diameter? A. Yes. Approximately .2-millimeter plus/minus. A. Error of measurement. Or maybe they varied, maybe they're not all the same. Q. That's my question. Did you go through, and did you measure all the filaments in Mrs. Edwards' TVT-O mesh that you looked at? A. No. Didrit answer any questions, approximately I measured range. Q. When you write "The spaces were created by the mesh placement during surgery," do you understand that the space where the mesh is placed is actually a space that's there before the surgery? A. No. Didrit answer any questions, approximately did you go through, and did you measure all the filaments in Mrs. Edwards' TVT-O mesh that you looked at? A. No. Didrit answer any questions, approximately in measured range. Q. Tagues what I'm getting at is when you say you measured it, do you mean you eyeballed it and measured it, or you measured it with some type of tool?  Page 187  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you use magnification factor objective, and then you measure.  A. Os o Figure la, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' Specimens, what were the different power options you had on that microscope? A. Objectives, not 10 A. Objectives, not 11 Q. Objectives, not 12 A. Close to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives apprification you go just to specific objective.  Magnification vou go just to specific objective.  A. Not vaginal wall, one is in that space better to take a picture with lower magnification one you go just to specific objective.  A. It's placed on cropping the vaginal wall to put the mesh placement during surgery," do you understanding; of how a TVT-O mesh is put into the bedy?  Can you explain to me your	6		6	Q. Under Figure 1a you talk about "The
A. The filaments are approximately .2  A. The filaments are approximately .2  Millimeter.  Q. Did you measure the filament diameter?  A. Yes. Approximately .2-millimeter  Plus/minus.  Q. Plus/minus what?  A. Error of measurement. Or maybe they varied, maybe they're not all the same.  The filaments are approximately .2-millimeter  Poyou see that?  A. Yes. Approximately .2-millimeter  A. Yes. Approximately .2-millimeter  Poyou see that?  A. No. Didnt answer any questions, approximately I measured it filaments in Mrs. Edwards' TVT-O mesh that you looked at?  A. No. Didnt maswer any questions, approximately I measured range.  Poyou say you measured it, do you mean you eyeballed it and measured it, or you mean you eyeballed it and measured it, or you mean you eyeballed it and measured it, or you measured it with some type of tool?  Page 187  A. Misrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you measure.  Page 187  A. Misrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you measure.  Page 189  Can you explain to me your understanding of how a TVT-O mesh is put into the body?  A. There is an incision, and then a trocar is being pulled through the tissue. The microscope you used to look at method the same.  Page 189  Can you explain to me your understanding of how a TVT-O mesh is put into the body?  A. There is an incision, and then a trocar is being pulled through the fissue.  Q. Where is the incision?  A. Incision is -1 think one is in skin, and the one is in the vaginal wall.  Page 189  Can you explain to me your understanding of how a TVT-O mesh is put into the body?  A. Incision is -1 think one is in skin, and the one is in the vaginal wall.  Page 189  Can you explain to me your understanding o	7		7	
millimeter.  Q. Did you measure the filament diameter? A. Yes. Approximately 2-millimeter plus/minus.  13	8		8	and grow into the spaces of mesh structure-nerve
millimeter.  Q. Did you measure the filament diameter? A. Yes. Approximately 2-millimeter plus/minus.  13	9	A. The filaments are approximately .2	9	
11 Q. Did you measure the filament diameter? 12 A. Yes. Approximately 2-millimeter 13 plus/minus. 14 Q. Plus/minus whar? 15 A. Eiror of measurement. Or maybe they 16 varied, maybe they're not all the same. 17 Q. That's my question. Did you go 18 through, and did you measure all the filaments 19 in Mrs. Edward: TVT-O mesh that you looked at? 20 A. No. Didn't answer any questions, 21 approximately I measured falled by the mesh placed. Therefore that space, 22 approximately I measured arage. 23 you say you measured it, do you measured it 24 eyeballed it and measured it, or you measured it 25 with some type of tool?  Page 187  A. Micrometer, tool, in the eyepiece. So 2 you use scale in the eyepiece, and then you use 3 magnification factor objective, and then you 4 measure. 5 Q. So Figure Ia, the microscope that you 6 looked at strike that. 7 The microscope you used to look at 8 Mrs. Edwards' specimens, what were the different 9 power options you had on that microscope? 10 A. One objectives, not 11 Q. Objectives, yes. 11 Q. Objectives most 12 magnification swere times 1, 2.5, 4, 10, 25, 40, 14 100. 4 A. Objective magnification factors 13 magnifications were times 1, 2.5, 4, 10, 25, 40, 14 do Q. And can you estimate which one you 15 were using for Figure 1a? 16 A. Oc objectives, and then ory 17 A. Close to 10. Maybe 25. It all 18 depends on cropping factor, because if the 19 picture was large and I just cropped. Sometimes 20 you have to choose because and all objectives 21 are flat, sometimes it's darker comer, so it's 22 better to take a picture with lower 23 magnification and then crop it, and for some 24 magnification you go just to specific objective. 24 betven urethm and the mucosa. Again, there is 25 betven urethm and the mucosa. Again, there is 26 between urethm and the mucosa. Again, there is 27 betven urethm and the mucosa. Again, there is 28 betven urethm and the mucosa.	10		10	
12   A. Yes. Approximately 2-millimeter   12   Q. When you write "The spaces were   13   Q. When you write "The spaces were   14   Q. When you write "The spaces were   15   do you understand that the space where the mesh   15   do you understand that the space where the mesh   16   waried, maybe they're not all the same.   16   labeled is actually a space that's there   16   waried, maybe they're not all the same.   16   labeled is actually a space that's there   16   waried, maybe they're not all the same.   16   labeled is actually a space that's there   16   waried you understand that the space where the mesh   is placed. It seating that the space where the mesh   is placed is actually a space that's there   16   word with same type of themselved it, or you mestured it   18   with some type of tool?   19   waried in themselved it is solid tissue, then there is an incision, and then mesh is placed. Therefore that space, newly created during the incision, is filled by themselved themselved it is solid tissue, then there is an incision, and then mesh is placed. Therefore that space, newly created during the incision, is filled by the mesh, and then tissue has to ingrow in that space that's introduced by the mesh.   16   waried themselved it is solid tissue, then there is an incision, and then mesh is placed. Therefore that space, newly created during the incision, is filled by the mesh, and then tissue has to ingrow in that space that's introduced by the mesh.   18   waried themselved themse	11	Q. Did you measure the filament diameter?	11	
13   Q. When you write "The spaces were created by the mesh placement during surgery," do you understand that the space where the mesh is placed, maybe they're not all the same.   16	12	The state of the s	12	-
14 A. Error of measurement. Or maybe they 15 A. Error of measurement. Or maybe they 16 varied, maybe they're not all the same. 17 Q. That's my question. Did you go 18 through, and did you measure all the filaments 19 in Mrs. Edwards 'TVT-O mesh that you looked at? 20 A. No. Didn't answer any questions, 21 approximately I measured range. 22 Q. I guess what I'm getting at is when 23 you say you measured it, do you mean you 24 eyeballed it and measured it, or you measured it 25 with some type of tool?  Page 187  A. Micrometer, tool, in the eyepiece. So 27 you use scale in the eyepiece, and then you use 28 magnification factor objective, and then you 29 looked at—strike that. 29 Q. So Figure 1a, the microscope that you 20 looked at—strike that. 21 magnifications were times 1, 2.5, 4, 10, 25, 40, 100. 22 Q. And can you estimate which one you 23 magnifications were times 1, 2.5, 4, 10, 25, 40, 118 depends on cropping factor, because if the picture was large and I just cropped. Sometimes 20 you have to choose because not all objectives you have to choose because not all objectives. 20 That's my question. Did you go use to look at are flat, sometimes if so lact the space where the mesh is placed. Therefore that space, newly created during the incision, and then mesh is placed. Therefore that space, newly created during the incision, and then mesh is placed. Therefore that space, newly created during the incision, and then mesh is placed. Therefore that space that's introduced by the mesh. A not have mesh is placed. Therefore that space, newly created during the incision, and then mesh is placed. Therefore that space, newly created during the incision, and then mesh is placed. Therefore that space, newly created during the incision, is filled by the mesh, and then fissue, then there is so liditions understanding of how a TVT-O mesh is put into the body?  Can you explain to me how it is— strike that.  Page 189  Can you explain to me how it is— understanding of how a TVT-O mesh is put into the body?  A. There is an incisi	13		13	O. When you write "The spaces were
A. Error of measurement. Or maybe they varied, maybe they're not all the same.  Q. That's my question. Did you go  17 Q. That's my question. Did you go  18 through, and did you measure all the filaments in Mrs. Edwards' TVT-O mesh that you looked at?  A. No. Didn't answer any questions,  20 A. No. Didn't answer any questions,  21 approximately I measured range.  22 Q. I guess what I'm getting at is when you say you measured it, or you mean you  23 you say you measured it, or you measured it with some type of tool?  24 eyeballed it and measured it, or you measured it  25 with some type of tool?  27 Page 187  28 A. Micrometer, tool, in the eyepiece. So you uses scale in the eyepiece, and then you use magnification factor objective, and then you measure.  4 Q. So Figure 1a, the microscope that you looked at strike that.  4 Mrs. Edwards' specimens, what were the different power options you had on that microscope?  10 A. One objectives, not  Q. Objectives, yes.  11 Q. And can you estimate which one you  12 magnification swere times 1, 2.5, 4, 10, 25, 40, 100.  13 do you understand that the space where the mesh is placed is actually a space that's three before the trees is placed is actually a space that's three before the trees is in incision, and then there is an incision, and then mesh is placed. Therefore that space, newly created during the incision, is filled by the mesh.  2 Page 187  Page 189  Page 189  Page 189  Can you explain to me your understanding of how a TVT-O mesh is put into the body?  A. There is an incision, and then a trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incre is an incision, and then a trocar is being pulled through the issue.  Q. Where is the incision?  A. Incre is an incision, and then a trocar is being pulled through the issue.  Q. Where is the incision?  A. Incre is an incision, and then a trocar is being pulled through the issue.  Q. Where is the incision?  A. Incre is an incision, and then a trocar is being pulled through the issue.  Q. Objectiv	14	-	14	
16 varied, maybe they're not all the same. 17 Q. That's my question. Did you go 18 through, and did you measure all the filaments 19 in Mrs. Edwards' TVT-O mesh that you looked at? 20 A. No. Didn't answer any questions, 21 approximately I measured range. 22 Q. I guess what I'm getting at is when 23 you say you measured it, do you mean you 24 eyeballed it and measured it, or you measured it 25 with some type of tool?  27 Page 187  1 A. Micrometer, tool, in the eyepiece. So 2 you use scale in the eyepiece, and then you use 2 magnification factor objectives, and 2 measure. 2 Q. So Figure 1a, the microscope? 3 Mrs. Edwards' specimens, what were the different power options you had on that microscope? 4 Mrs. Edwards' specimens, what were the different power options you had on that microscope? 4 Mrs. Edwards' specimens, what were the different power options you had on that microscope? 4 Mrs. Edwards' specimens, what were the different power options you had on that microscope? 4 Mrs. Edwards' specimens, what were the different power options you had on that microscope? 4 Mrs. Edwards' specimens the different power options you had on that microscope? 4 Mrs. Edwards' specimens the different power options you had on the meroscope? 5 Q. Objectives, yes. 6 A. One - objectives, not - 10 were using for Figure 1a? 7 A. One - objectives and then oyou were using for Figure 1a? 8 A. Olose to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives an agnification and then crop it, and for some 23 magnification and then crop it, and for some 24 magnification you go just to specific objective.  2 magnification you go just to specific objective. 2 magnification and then crop it, and for some 24 magnification and then crop it, and for some 25 magnification and then crop it, and for some 24 between urethra and the mucosa. Again, there is	15		15	
through, and did you measure all the filaments in Mrs. Edwards TVT-O mesh that you looked at?  A. No. Didn't answer any questions, and then mesh is placed. Therefore that space, approximately I measured range.  Q. I guess what I'm getting at is when you say you measured it, do you mean you eyeballed it and measured it, or you measured it with some type of tool?  Page 187  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you use magnification factor objective, and then you measured.  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you use magnification factor objective, and then you have to choose because if the picture was large and I just cropped. Sometimes to you have to choose because not all objectives anganification you go just to specific objective.  A. Close to Io. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes to you have to choose because not all objectives anganification you go just to specific objective.	16		16	
through, and did you measure all the filaments in Mrs. Edwards' TVT-O mesh that you looked at?  A. No. Didn't answer any questions, approximately I measured range.  21 approximately I measured range.  22 Q. I guess what I'm getting at is when you say you measured it, do you mean you eyeballed it and measured it, do you measured it with some type of tool?  23 you say you measured it, or you measured it with some type of tool?  24 eyeballed it and measured it, or you measured it with some type of tool?  25 with some type of tool?  26 A. Micrometer, tool, in the eyepiece. So 1 you use scale in the eyepiece, and then you se magnification factor objective, and then you measure.  5 Q. So Figure 1a, the microscope that you looked at strike that.  7 The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, yes.  A. Objective magnification factors 10 magnifications were times 1, 2.5, 4, 10, 25, 40, 11 magnifications were times 1, 2.5, 4, 10, 25, 40, 12 magnification and then crop it, and for some magnification and then crop it, and for some pagnification and then crop it, and for some 24 magnification and then crop it, and for some 24 magnification and then crop it, and for some 24 magnification and then crop it, and for some 24 magnification and then crop it, and for some 24 magnification and then crop it, and for some 24 magnification and then crop it, and for some 24 magnification and then crop it, and for some 25 magnification and then crop it, and for some 26 magnification and then crop it, and for some 27 magnification and then crop it, and for some 28 magnification you go just to specific objective.	17		17	
in Mrs. Edwards' TVT-O mesh that you looked at?  A. No. Didn't answer any questions, approximately I measured range.  Q. I guess what I'm getting at is when you say you measured it, do you mean you eyeballed it and measured it, or you measured it with some type of tool?  Page 187  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you measure.  Q. So Figure 1a, the microscope that you looked at strike that.  Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. Objectives, not Q. Objectives, yes.  A. Objective magnification factor 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives angunification and then crop it, and for some approximately I measured range.  20	18			- ·
A. No. Didn't answer any questions, approximately I measured range.  Q. I guess what I'm getting at is when you say you measured it, do you mean you eyeballed it and measured it, or you measured it with some type of tool?  Page 187  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you use magnification factor objective, and then you ameasure.  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you use magnification factor objective, and then you seed looked at strike that.  Page 187  Can you explain to me how it is strike that.  Page 189  Can you explain to me your understanding of how a TVT-O mesh is put into the body?  A. There is an incision, and then a trocar is being pulled through the tissue.  Q. Where is the incision?  A. In the uncosa is incised through, so it's not just epithelial, the mucosa.  A. Close to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives magnification and then crop it, and for some magnification roug ug just to specific objective.				-
21 approximately I measured range. 22 Q. I guess what I'm getting at is when 23 you say you measured it, do you mean you 24 eyeballed it and measured it, or you measured it 25 with some type of tool?  26 Page 187  27 A. Micrometer, tool, in the eyepiece. So 28 you use scale in the eyepiece, and then you use 39 magnification factor objective, and then you 40 measure. 51 Q. So Figure Ia, the microscope that you 52 looked at strike that. 53 Mrs. Edwards' specimens, what were the different power options you had on that microscope? 54 A. Objectives, yes. 55 Q. One objectives, not 56 look at strike that. 66 Q. Where is the incission, and then a trocar is being pulled through the tissue. 67 Q. One objectives, not 68 Mrs. Edwards' specimens, what were the different power options you had on that microscope? 69 Q. One objectives, not 60 A. One objectives, not 61 Q. Objectives, yes. 61 Q. And can you estimate which one you 62 were using for Figure 1a? 63 Maybe 25. It all 64 depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives are flat, sometimes it's darker corner, so it's better to take a picture with lower 22 magnification you go just to specific objective. 64 A. Iris shaced somewhere in that space between urethra and the mucosa. Again, there is betteven urethra and the mucosa. Again, there is between urethra and the mucosa. Again, there is				
Q. I guess what I'm getting at is when you say you measured it, do you mean you eyeballed it and measured it, do you mean you eyeballed it and measured it, do you mean you eyeballed it and measured it with some type of tool?  Page 187  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you use magnification factor objective, and then you use looked at strike that.  Page 189  Can you explain to me how it is strike that.  Page 189  Can you explain to me your understanding of how a TVT-O mesh is put into the body?  A. There is an incision, and then a trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in the vaginal wall.  Page 189  Can you explain to me your understanding of how a TVT-O mesh is put into the body?  A. There is an incision, and then a trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  A. One objectives, not 10 through the vaginal wall, or is it only partway through?  A. Objective magnification factors 12 magnifications were times 1, 2.5, 4, 10, 25, 40, 13 magnifications were times 1, 2.5, 4, 10, 25, 40, 13 magnifications were times 1, 2.5, 4, 10, 25, 40, 13 mot just epithelial, the mucosa transect.  Q. Os othe full thickness of the vaginal wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  Q. Dose the mesh get placed so to your understanding, does not dissect are flat, sometimes it's darker corner, so it's 18 magnification and then crop it, and for some 19 magnification you go just to specific objective.  A. It's placed somewhere in that space between urethra and the mucosa. Again, there is				
you say you measured it, do you mean you eyeballed it and measured it, or you measured it with some type of tool?  Page 187  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you use magnification factor objective, and then you use scale in the eyepiece, and then you measure.  Q. Can you explain to me how it is strike that.  Page 189  Can you explain to me your understanding of how a TVT-O mesh is put into the body?  A. There is an incision, and then a trocar is being pulled through the tissue.  Q. Where is the incision?  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not  Q. Objectives, yes.  A. Objective magnification factors  13 magnifications were times 1, 2.5, 4, 10, 25, 40, 100.  Q. And can you estimate which one you were using for Figure 1a?  A. Close to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives amagnification and then crop it, and for some magnification you go just to specific objective.				
eyeballed it and measured it, or you measured it with some type of tool?  Page 187  A. Micrometer, tool, in the eyepiece. So 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
Page 187  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you use magnification factor objective, and then you measure.  Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. Objectives, yes.  A. Objectives, yes.  A. Objective magnification factors look magnifications were times 1, 2.5, 4, 10, 25, 40, 13 magnifications were times 1, 2.5, 4, 10, 25, 40, 16 were using for Figure 1a?  A. Close to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives and pagnification and then crop it, and for some aganification you go just to specific objective.  Page 187  Can you explain to me your understanding of how a TVT-O mesh is put into the body?  Can you explain to me your understanding of how a TVT-O mesh is put into the body?  Can you explain to me your understanding of how a TVT-O mesh is put into the body?  A. There is an incision, and then a trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal wall wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  Q. Does the mesh get placed so to your understanding, if you think of the vagina, the surgeon, to your understanding, does not dissect all the way through the vaginal wall to put the mesh up behind it and below the mid urethra, is that your understanding?  A. It's placed somewhere in that space between urethra and the mucosa. Again, there is				-
Page 187  A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you use magnification factor objective, and then you measure.  Q. So Figure 1a, the microscope that you looked at strike that. The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope? A. One objectives, not Q. Objectives, yes. A. Objectives west Magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40, A. Close to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives magnification and then crop it, and for some magnification you go just to specific objective.  Page 189  Can you explain to me your understanding of how a TVT-O mesh is put into the body?  A. There is an incision, and then a trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  Q. Does the mesh get placed so to your understanding, if you think of the vagina, the surgeon, to your understanding, does not dissect all the way through the vaginal wall to put the mesh up behind it and below the mid urethra, is that your understanding?  A. It's placed somewhere in that space between urethra and the mucosa. Again, there is				
A. Micrometer, tool, in the eyepiece. So you use scale in the eyepiece, and then you use magnification factor objective, and then you measure.  Q. So Figure Ia, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes.  A. Objective magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40,  D. A. Oc an you explain to me your understanding of how a TVT-O mesh is put into the body?  A. There is an incision, and then a trocar is being pulled through the tissue. Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall. Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. And can you estimate which one you  D. So the full thickness of the vaginal wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  A. Close to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives you have to choose because not all objectives you have to choose because not all objectives are flat, sometimes it's darker corner, so it's better to take a picture with lower  magnification and then crop it, and for some magnification you go just to specific objective.			1	
you use scale in the eyepiece, and then you use magnification factor objective, and then you measure.  Q. So Figure 1a, the microscope that you looked at strike that. The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes.  A. Objective magnification factors Magnifications were times 1, 2.5, 4, 10, 25, 40,  Q. And can you estimate which one you  depends on cropping factor, because if the picture was large and 1 just cropped. Sometimes you have to choose because not all objectives angunification and then crop it, and for some magnification in factor substitute of the wagning wall to mesh up bethind it and below the mid urethra, is that your understanding?  A. Incision, and then a trocar is an incision, and then a trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. There is an incision, and then a trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The microscope?  P. A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The microscope?  P. A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  A. Not vaginal wall, mucosa.  A. Not vaginal wall, mucosa.  A. Not vaginal wall, or is it only partway through?  A. Not vaginal wall, or is it only partway through?  A. Not vaginal wall, o		Page 187		Page 189
magnification factor objective, and then you measure.  Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Where is the incision?  A. One objectives, not Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. Objective magnification factors Magnifications were times 1, 2.5, 4, 10, 25, 40, More using for Figure 1a?  A. Close to 10. Maybe 25. It all picture was large and I just cropped. Sometimes you have to choose because not all objectives you have to choose because not all objectives amagnification and then crop it, and for some magnification you go just to specific objective.	1	A. Micrometer, tool, in the eyepiece. So	1	Can you explain to me your
measure.  4 A. There is an incision, and then a trocar is being pulled through the tissue.  6 looked at strike that.  7 The microscope you used to look at 7 A. Incision is I think one is in skin,  8 Mrs. Edwards' specimens, what were the different 8 and the one is in the vaginal wall.  9 power options you had on that microscope? 9 Q. Is it a through-and-through incision 10 A. One objectives, not 10 through the vaginal wall, or is it only partway 11 Q. Objectives, yes. 11 through?  12 A. Objective magnification factors 12 A. The mucosa is incised through, so it's 13 magnifications were times 1, 2.5, 4, 10, 25, 40, 13 not just epithelial, the mucosa transect.  14 100. 14 Q. So the full thickness of the vaginal 15 Q. And can you estimate which one you 15 wall is transacted during the TVT placement?  16 were using for Figure 1a? 16 A. Not vaginal wall, mucosa.  17 A. Close to 10. Maybe 25. It all 17 Q. Does the mesh get placed so to your 18 depends on cropping factor, because if the 18 picture was large and I just cropped. Sometimes 19 surgeon, to your understanding, does not dissect 20 you have to choose because not all objectives 20 all the way through the vaginal wall to put the 21 are flat, sometimes it's darker corner, so it's 21 mesh up behind it and below the mid urethra, is 22 better to take a picture with lower 22 magnification and then crop it, and for some 23 A. It's placed somewhere in that space 24 magnification you go just to specific objective. 24 between urethra and the mucosa. Again, there is	2	you use scale in the eyepiece, and then you use	2	understanding of how a TVT-O mesh is put into
5 Q. So Figure 1a, the microscope that you 6 looked at strike that. 7 The microscope you used to look at 8 Mrs. Edwards' specimens, what were the different 9 power options you had on that microscope? 9 Q. Is it a through-and-through incision 10 A. One objectives, not 10 through the vaginal wall, or is it only partway 11 Q. Objectives, yes. 11 through? 12 A. Objective magnification factors 13 magnifications were times 1, 2.5, 4, 10, 25, 40, 14 100. 15 Q. And can you estimate which one you 16 were using for Figure 1a? 17 A. Close to 10. Maybe 25. It all 18 depends on cropping factor, because if the 19 picture was large and I just cropped. Sometimes 20 you have to choose because not all objectives 21 magnification and then crop it, and for some 22 magnification you go just to specific objective. 24 trocar is being pulled through the tissue. Q. Where is the incision? A. Incision is I think one is in skin, and the one is in the vaginal wall. Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through? A. The mucosa is incised through, so it's not just epithelial, the mucosa transect. Q. So the full thickness of the vaginal wall is transacted during the TVT placement? A. Not vaginal wall, mucosa. Q. Does the mesh get placed so to your understanding, if you think of the vagina, the surgeon, to your understanding, does not dissect all the way through the vaginal wall to put the mesh up behind it and below the mid urethra, is that your understanding? A. It's placed somewhere in that space between urethra and the mucosa. Again, there is	3	magnification factor objective, and then you	3	the body?
looked at strike that.  The microscope you used to look at  The microscope you used to look at  The microscope you used to look at  Mrs. Edwards' specimens, what were the different  power options you had on that microscope?  A. Incision is I think one is in skin,  and the one is in the vaginal wall.  Q. Is it a through-and-through incision  through the vaginal wall, or is it only partway  through?  A. Objective magnification factors  amognifications were times 1, 2.5, 4, 10, 25, 40,  13 magnifications were times 1, 2.5, 4, 10, 25, 40,  14 100.  Q. So the full thickness of the vaginal  wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  A. Close to 10. Maybe 25. It all  depends on cropping factor, because if the  picture was large and I just cropped. Sometimes  you have to choose because not all objectives  you have to choose because not all objectives  are flat, sometimes it's darker corner, so it's  better to take a picture with lower  magnification you go just to specific objective.  A. It's placed somewhere in that space  between urethra and the mucosa. Again, there is	4	measure	4	A There is an incision and then a
The microscope you used to look at  Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not  O. Objectives, yes.  A. Objective magnification factors  magnifications were times 1, 2.5, 4, 10, 25, 40,  O. And can you estimate which one you  Meer using for Figure 1a?  A. Close to 10. Maybe 25. It all  depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives you have to choose because not all objectives amagnification and then crop it, and for some amagnification is I think one is in skin, and the one is in the vaginal wall.  A. Incision is I think one is in skin, and the one is in the vaginal wall.  A. Incusion is I think one is in skin, and the one is in the vaginal wall.  A. A. Through-?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  A. Not vaginal wall, mucosa.  Q. Does the mesh get placed so to your understanding, if you think of the vagina, the surgeon, to your understanding, does not dissect all the way through the vaginal wall to put the mesh up behind it and below the mid urethra, is that your understanding?  A. It's placed somewhere in that space between urethra and the mucosa. Again, there is		measure.	1 -	71. There is an incision, and then a
Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not  Q. Objectives, yes.  A. Objective magnification factors  12	5			
power options you had on that microscope?  A. One objectives, not  Q. Objectives, yes.  A. Objective magnification factors  magnifications were times 1, 2.5, 4, 10, 25, 40,  D. And can you estimate which one you  Meer using for Figure 1a?  A. Close to 10. Maybe 25. It all  depends on cropping factor, because if the  picture was large and I just cropped. Sometimes  you have to choose because not all objectives  you have to choose because not all objectives  magnification you go just to specific objective.  P. Q. Is it a through-and-through incision  through the vaginal wall, or is it only partway  through?  A. The mucosa is incised through, so it's  not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal  wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  A. Not vaginal wall, mucosa.  Q. Does the mesh get placed so to your  understanding, if you think of the vagina, the  surgeon, to your understanding, does not dissect  all the way through the vaginal wall to put the  mesh up behind it and below the mid urethra, is  that your understanding?  A. It's placed somewhere in that space  between urethra and the mucosa. Again, there is		Q. So Figure 1a, the microscope that you	5	trocar is being pulled through the tissue.
10 A. One objectives, not 11 Q. Objectives, yes. 12 A. Objective magnification factors 13 magnifications were times 1, 2.5, 4, 10, 25, 40, 14 100. 15 Q. And can you estimate which one you 16 were using for Figure 1a? 17 A. Close to 10. Maybe 25. It all 18 depends on cropping factor, because if the 19 picture was large and I just cropped. Sometimes 20 you have to choose because not all objectives 21 are flat, sometimes it's darker corner, so it's 22 better to take a picture with lower 23 magnification and then crop it, and for some 24 magnification you go just to specific objective. 20 through the vaginal wall, or is it only partway through the vaginal wall, or is it only partway through? 24 through? 26 A. The mucosa is incised through, so it's 27 A. The mucosa is incised through, so it's 28 A. The mucosa is incised through, so it's 29 A. The mucosa is incised through, so it's 20 A. The mucosa is incised through, so it's 21 who upic picture was larged through, so it's 22 all the mucosa transect. 23 A. Not vaginal wall, mucosa. 24 between using for Figure 1a? 25 that your understanding, does not dissect all the way through the vaginal wall to put the mesh up behind it and below the mid urethra, is that your understanding? 25 A. It's placed somewhere in that space between urethra and the mucosa. Again, there is	6	Q. So Figure 1a, the microscope that you looked at strike that.	5 6	trocar is being pulled through the tissue.  Q. Where is the incision?
11 Q. Objectives, yes. 12 A. Objective magnification factors 13 magnifications were times 1, 2.5, 4, 10, 25, 40, 14 100. 15 Q. And can you estimate which one you 16 were using for Figure 1a? 17 A. Close to 10. Maybe 25. It all 18 depends on cropping factor, because if the 19 picture was large and I just cropped. Sometimes 20 you have to choose because not all objectives 21 are flat, sometimes it's darker corner, so it's 22 better to take a picture with lower 23 magnification you go just to specific objective. 24 through? 26 A. The mucosa is incised through, so it's 27 A. The mucosa is incised through, so it's 28 A. The mucosa is incised through, so it's 29 A. The mucosa is incised through, so it's 20 Q. So the full thickness of the vaginal 21 wall is transacted during the TVT placement? 28 A. Not vaginal wall, mucosa. 29 Q. Does the mesh get placed so to your understanding, if you think of the vagina, the 20 understanding, if you think of the vagina, the 21 are flat, sometimes it's darker corner, so it's 22 better to take a picture with lower 23 magnification and then crop it, and for some 24 magnification you go just to specific objective. 25 between urethra and the mucosa. Again, there is	6 7	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at	5 6 7	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin,
A. Objective magnification factors  12 A. The mucosa is incised through, so it's  13 magnifications were times 1, 2.5, 4, 10, 25, 40,  14 100.  15 Q. And can you estimate which one you  16 were using for Figure 1a?  17 A. Close to 10. Maybe 25. It all  18 depends on cropping factor, because if the  19 picture was large and I just cropped. Sometimes  20 you have to choose because not all objectives  21 are flat, sometimes it's darker corner, so it's  22 better to take a picture with lower  23 magnification you go just to specific objective.  20 A. The mucosa is incised through, so it's  12 not just epithelial, the mucosa transect.  13 not just epithelial, the mucosa transect.  14 Q. So the full thickness of the vaginal  wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  Q. Does the mesh get placed so to your  understanding, if you think of the vagina, the  surgeon, to your understanding, does not dissect  all the way through the vaginal wall to put the  mesh up behind it and below the mid urethra, is  that your understanding?  A. It's placed somewhere in that space  between urethra and the mucosa. Again, there is	6 7 8	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different	5 6 7 8	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.
magnifications were times 1, 2.5, 4, 10, 25, 40,  100.  Q. So the full thickness of the vaginal  Q. So the full thickness of the vaginal  Wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  A. Close to 10. Maybe 25. It all  depends on cropping factor, because if the  picture was large and I just cropped. Sometimes  you have to choose because not all objectives  you have to choose because not all objectives  are flat, sometimes it's darker corner, so it's  better to take a picture with lower  magnification and then crop it, and for some  magnification you go just to specific objective.  mosh up behind it and below the mid urethra, is  that your understanding?  A. It's placed somewhere in that space  between urethra and the mucosa. Again, there is	6 7 8 9	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?	5 6 7 8 9	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision
magnifications were times 1, 2.5, 4, 10, 25, 40,  100.  Q. So the full thickness of the vaginal  Q. So the full thickness of the vaginal  Wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  A. Close to 10. Maybe 25. It all  depends on cropping factor, because if the  picture was large and I just cropped. Sometimes  you have to choose because not all objectives  you have to choose because not all objectives  are flat, sometimes it's darker corner, so it's  better to take a picture with lower  magnification and then crop it, and for some  magnification you go just to specific objective.  mosh up behind it and below the mid urethra, is  that your understanding?  A. It's placed somewhere in that space  between urethra and the mucosa. Again, there is	6 7 8 9 10	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not	5 6 7 8 9	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway
Q. And can you estimate which one you  Wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  A. Close to 10. Maybe 25. It all  depends on cropping factor, because if the  picture was large and I just cropped. Sometimes  you have to choose because not all objectives  vou have to choose because not all objectives  are flat, sometimes it's darker corner, so it's  better to take a picture with lower  magnification and then crop it, and for some  magnification you go just to specific objective.  wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  A. Not vaginal wall, mucosa.  a understanding, if you think of the vagina, the  surgeon, to your understanding, does not dissect  all the way through the vaginal wall to put the  mesh up behind it and below the mid urethra, is  that your understanding?  A. It's placed somewhere in that space  between urethra and the mucosa. Again, there is	6 7 8 9 10 11	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes.	5 6 7 8 9 10	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?
Q. And can you estimate which one you  Wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  A. Close to 10. Maybe 25. It all  depends on cropping factor, because if the  picture was large and I just cropped. Sometimes  you have to choose because not all objectives  vou have to choose because not all objectives  are flat, sometimes it's darker corner, so it's  better to take a picture with lower  magnification and then crop it, and for some  magnification you go just to specific objective.  wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  A. Not vaginal wall, mucosa.  a understanding, if you think of the vagina, the  surgeon, to your understanding, does not dissect  all the way through the vaginal wall to put the  mesh up behind it and below the mid urethra, is  that your understanding?  A. It's placed somewhere in that space  between urethra and the mucosa. Again, there is	6 7 8 9 10 11	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes. A. Objective magnification factors	5 6 7 8 9 10 11 12	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's
were using for Figure 1a?  A. Close to 10. Maybe 25. It all  depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives are flat, sometimes it's darker corner, so it's better to take a picture with lower magnification and then crop it, and for some magnification you go just to specific objective.  A. Not vaginal wall, mucosa. Q. Does the mesh get placed so to your understanding, if you think of the vagina, the surgeon, to your understanding, does not dissect all the way through the vaginal wall to put the mesh up behind it and below the mid urethra, is hetter to take a picture with lower arguification and then crop it, and for some and I is a Not vaginal wall, mucosa. A. Not vaginal wall, mucosa.  A. Not vaginal wall, mucosa.  A. It's placed somewhere in that space between urethra and the mucosa. Again, there is	6 7 8 9 10 11 12	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes. A. Objective magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40,	5 6 7 8 9 10 11 12 13	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.
A. Close to 10. Maybe 25. It all  depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives are flat, sometimes it's darker corner, so it's better to take a picture with lower magnification and then crop it, and for some magnification you go just to specific objective.  A. Close to 10. Maybe 25. It all puddents and Q. Does the mesh get placed so to your understanding, if you think of the vagina, the surgeon, to your understanding, does not dissect all the way through the vaginal wall to put the mesh up behind it and below the mid urethra, is that your understanding?  A. It's placed somewhere in that space between urethra and the mucosa. Again, there is	6 7 8 9 10 11 12 13	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes. A. Objective magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40, 100.	5 6 7 8 9 10 11 12 13	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal
depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives are flat, sometimes it's darker corner, so it's better to take a picture with lower magnification and then crop it, and for some magnification you go just to specific objective.  18 understanding, if you think of the vagina, the surgeon, to your understanding, does not dissect all the way through the vaginal wall to put the mesh up behind it and below the mid urethra, is that your understanding?  A. It's placed somewhere in that space between urethra and the mucosa. Again, there is	6 7 8 9 10 11 12 13 14	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes. A. Objective magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40, 100.  Q. And can you estimate which one you	5 6 7 8 9 10 11 12 13 14 15	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal wall is transacted during the TVT placement?
picture was large and I just cropped. Sometimes you have to choose because not all objectives are flat, sometimes it's darker corner, so it's better to take a picture with lower magnification and then crop it, and for some magnification you go just to specific objective.  19 surgeon, to your understanding, does not dissect all the way through the vaginal wall to put the mesh up behind it and below the mid urethra, is that your understanding? A. It's placed somewhere in that space between urethra and the mucosa. Again, there is	6 7 8 9 10 11 12 13 14 15	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes. A. Objective magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40, 100.  Q. And can you estimate which one you were using for Figure 1a?	5 6 7 8 9 10 11 12 13 14 15	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.
you have to choose because not all objectives 20 all the way through the vaginal wall to put the 21 are flat, sometimes it's darker corner, so it's 22 better to take a picture with lower 23 magnification and then crop it, and for some 24 magnification you go just to specific objective. 20 all the way through the vaginal wall to put the 21 mesh up behind it and below the mid urethra, is 22 that your understanding? 23 A. It's placed somewhere in that space 24 between urethra and the mucosa. Again, there is	6 7 8 9 10 11 12 13 14 15 16	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes. A. Objective magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40, 100.  Q. And can you estimate which one you were using for Figure 1a?  A. Close to 10. Maybe 25. It all	5 6 7 8 9 10 11 12 13 14 15 16 17	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  Q. Does the mesh get placed so to your
are flat, sometimes it's darker corner, so it's better to take a picture with lower magnification and then crop it, and for some magnification you go just to specific objective.  mesh up behind it and below the mid urethra, is that your understanding?  A. It's placed somewhere in that space between urethra and the mucosa. Again, there is	6 7 8 9 10 11 12 13 14 15 16 17	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes. A. Objective magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40, 100.  Q. And can you estimate which one you were using for Figure 1a?  A. Close to 10. Maybe 25. It all depends on cropping factor, because if the	5 6 7 8 9 10 11 12 13 14 15 16 17	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  Q. Does the mesh get placed so to your understanding, if you think of the vagina, the
better to take a picture with lower 22 that your understanding? magnification and then crop it, and for some 23 A. It's placed somewhere in that space 24 magnification you go just to specific objective. 24 between urethra and the mucosa. Again, there is	6 7 8 9 10 11 12 13 14 15 16 17 18	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes. A. Objective magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40, 100.  Q. And can you estimate which one you were using for Figure 1a?  A. Close to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes	5 6 7 8 9 10 11 12 13 14 15 16 17 18	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  Q. Does the mesh get placed so to your understanding, if you think of the vagina, the surgeon, to your understanding, does not dissect
magnification and then crop it, and for some 23 A. It's placed somewhere in that space 24 magnification you go just to specific objective. 24 between urethra and the mucosa. Again, there is	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes. A. Objective magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40, 100.  Q. And can you estimate which one you were using for Figure 1a?  A. Close to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  Q. Does the mesh get placed so to your understanding, if you think of the vagina, the surgeon, to your understanding, does not dissect all the way through the vaginal wall to put the
magnification you go just to specific objective. 24 between urethra and the mucosa. Again, there is	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes. A. Objective magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40, 100.  Q. And can you estimate which one you were using for Figure 1a?  A. Close to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives are flat, sometimes it's darker corner, so it's	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  Q. Does the mesh get placed so to your understanding, if you think of the vagina, the surgeon, to your understanding, does not dissect all the way through the vaginal wall to put the mesh up behind it and below the mid urethra, is
	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes. A. Objective magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40, 100.  Q. And can you estimate which one you were using for Figure 1a?  A. Close to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives are flat, sometimes it's darker corner, so it's better to take a picture with lower	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  Q. Does the mesh get placed so to your understanding, if you think of the vagina, the surgeon, to your understanding, does not dissect all the way through the vaginal wall to put the mesh up behind it and below the mid urethra, is that your understanding?
	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes. A. Objective magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40, 100.  Q. And can you estimate which one you were using for Figure 1a?  A. Close to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives are flat, sometimes it's darker corner, so it's better to take a picture with lower magnification and then crop it, and for some	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  Q. Does the mesh get placed so to your understanding, if you think of the vagina, the surgeon, to your understanding, does not dissect all the way through the vaginal wall to put the mesh up behind it and below the mid urethra, is that your understanding?  A. It's placed somewhere in that space
	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. So Figure 1a, the microscope that you looked at strike that.  The microscope you used to look at Mrs. Edwards' specimens, what were the different power options you had on that microscope?  A. One objectives, not Q. Objectives, yes. A. Objective magnification factors magnifications were times 1, 2.5, 4, 10, 25, 40, 100.  Q. And can you estimate which one you were using for Figure 1a?  A. Close to 10. Maybe 25. It all depends on cropping factor, because if the picture was large and I just cropped. Sometimes you have to choose because not all objectives are flat, sometimes it's darker corner, so it's better to take a picture with lower magnification and then crop it, and for some magnification you go just to specific objective.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	trocar is being pulled through the tissue.  Q. Where is the incision?  A. Incision is I think one is in skin, and the one is in the vaginal wall.  Q. Is it a through-and-through incision through the vaginal wall, or is it only partway through?  A. The mucosa is incised through, so it's not just epithelial, the mucosa transect.  Q. So the full thickness of the vaginal wall is transacted during the TVT placement?  A. Not vaginal wall, mucosa.  Q. Does the mesh get placed so to your understanding, if you think of the vagina, the surgeon, to your understanding, does not dissect all the way through the vaginal wall to put the mesh up behind it and below the mid urethra, is that your understanding?  A. It's placed somewhere in that space between urethra and the mucosa. Again, there is

a way. Mucosa is an anatomical structure you can see. Urethral wall anatomical structure you can see. Urethral wall anatomical structure you can see and feel when it diseasected.  4 So when the mucosa is opened, what you see you actually see parts of vaginal wall, how deep you are in the vaginal wall is questionable. What is part of vaginal wall.  8 Mucosa itself, some shi splaced within parts of the vaginal wall?  10 is vaginal wall. So mesh is placed within parts of the vaginal wall?  11 Q. O To your understanding, mesh is placed within parts of the vaginal wall?  12 Q. To your understanding, the TVT-O mesh is placed within parts of the vaginal wall?  13 Q. Have you ever performed a TVT?  14 A. Yes.  15 Q. Have you ever performed any type of urinary incontinence surgery?  21 A. No.  22 Q. Have you ever performed any type of urinary incontinence surgery?  23 A. No.  24 A. No.  25 MR. THOMPSON: Lunch is here.  Page 191  1 MR. SNELL: The hungry. Are you hungry?  3 THE WITNESS: Yes.  4 MR. SNELL: Lets cat then.  5 (Whereupon, lakovle Exhibit Number 5, Chain of custody reparding Mrs. Edwards' mesh specimen, was marked for identification.)  10 A. No.  20 Q. Even in a cadaver lab setting?  21 A. No.  22 Q. Have you ever performed any type of urinary incontinence surgery?  23 A. No.  24 A. Yes.  25 Q. And you're referencing the third page?  Page 191  16 MR. SNELL: The hungry. Are you hungry?  17 A. Yes.  18 G. Whereupon, lakovle Exhibit Number 5, Chain of custody which 1 sales signed by me. And Page 4 is also signed by me. And Page		Page 190		Page 192
see and feel when it's dissected.  So when the mucoss is opened, what you see, you actually see parts of vaginal wall, how ded cop you are in the vaginal wall.  Mucosa itself, some mucosal tissue, smooth muscle, everything, all tissue up to the urethra is vaginal wall. So mesh is placed within parts of the vaginal wall?  A. Repeat it?  Q. To your understanding, mesh is placed within parts of the vaginal wall?  A. Repeat it?  Q. To your understanding, the TVT-O mesh is placed within parts of the vaginal wall?  A. Yes.  John Marco and the vaginal wall?  A. Yes.  John Marco and the vaginal wall?  A. No.  Q. Even in a cadaver lab setting?  A. No.  John Marco and a TVT?  Marco and a cadaver lab setting?  A. No.  Marco and a cadaver lab setting?  Mar	1	way. Mucosa is an anatomical structure you can	1	AFTERNOON SESSION
see and feel when its dissected.  4 So when the mucosa is opened, what you see, you actually see parts of vaginal wall, how deep you are in the vaginal wall is questionable. What is part of vaginal wall.  8 Mucosa itself, some mucosal tissue, smooth mastele, everything, all tissue up to the urethra of the vaginal wall.  9 mucosa itself, some mucosal tissue, smooth mastele, everything, all tissue up to the urethra of the vaginal wall.  10 is vaginal wall. So mesh is placed within parts of the vaginal wall?  11 Q. To your understanding, mesh is placed within parts of the vaginal wall?  12 A. Repeat it?  13 Q. To your understanding, the TVT-O mesh is placed within parts of the vaginal wall?  14 A. Repeat it?  15 Q. To your understanding, the TVT-O mesh is placed within parts of the vaginal wall?  16 A. Yes.  18 Q. Have you ever performed a TVT?  19 A. No.  20 Q. Fiven in a cadaver lab setting?  21 A. No.  22 Q. Have you ever performed any type of urinary incontinence surgery?  24 A. No.  25 MS. THOMPSON: Lunch is here.  26 Day On the first page you see "P.  27 THE WITNESS: Yes.  48 MR. SNELL: Let's eat then.  59 (Whereupon, a luncheon recess was taken at 1:01 p.m.)  29 Q. Do you know what transpired between August 24h, 2012 and June 3rd, 2013 with regard to Mm. Edwards three BLE slides being released to the Mueller Law Firm?  28 A. Yes.  29 Q. Do you know what transpired between August 24h, 2012 and June 3rd, 2013 with regard to Mm. Edwards three BLE slides being released to the Mueller Law Firm?  29 A. Yes.  20 Q. Do you know what transpired between August 24h, 2012 and June 3rd, 2013 with regard to Mm. Edwards three BLE slides being released to the Mueller Law Firm?  20 Q. Do you know?  21 A. Yes.  22 Q. Do you know what transpired between August 24h, 2012 and June 3rd, 2013 with regard to Mm. Edwards three BLE slides being released to the Mueller Law Firm?  29 A. Yes.  20 Q. Do you know?  21 A. Yes.  22 Q. On the first page you see "P.  23 Title WiTNESS: Yes.  34 A. Yes.  35 Q. Do you know?  46 A. Yes.  47 Q. D	2	· · · · · · · · · · · · · · · · · · ·	2	1:37 O'CLOCK P.M.
5 see, you actually see parts of vaginal wall, how deep you are in the vaginal wall is questionable. What is part of vaginal wall.  8 Mucosa itself, some mucosal tissue, smooth miscle, everything, all tissue up to the urethra of its vaginal wall. So mesh is placed within parts of the vaginal wall?  10 Q. To your understanding, mesh is placed within parts of the vaginal wall?  11 A. Repeat it?  12 Q. To your understanding, the TVT-O mesh is placed within parts of the vaginal wall?  13 A. Yes.  14 A. Repeat it?  15 Q. Have you ever performed a TVT?  16 Q. Feen in a cadaver lab setting?  21 A. No.  22 Q. Ifave you ever performed any type of urinary incontinence surgery?  23 A. No.  25 MS. THOMPSON: Lunch is here.  26 MR. SNELL: I'm hungry. Are you hungry?  27 THE WITNESS: Yes.  38 MR. SNELL: Let's eat then.  49 (Whereupon, a luncheon recess was taken at 1:01 p.m.)  40 MR. SNELL: Let's eat then.  41 (Whereupon, a luncheon recess was taken at 1:01 p.m.)  42 (D. Do you know was marked for identification.)  43 A. Yes.  44 A. Yes.  45 Q. Do you recognize that document to include the the chain of custody that we received regarding Mrs. Edwards' mesh specimen?  46 A. It wasn't the chain of custody that we received regarding Mrs. Edwards' for Mrs. Edwards' mesh specimen?  47 A. No.  48 Page 191  49 A. No.  40 De you recognize that document to include the the chain of custody which I sake signed by me. The one on Page 3, that's signed by me. The one on Page 3, that's signed by me. And Page 4 is also signed by me.  41 A. No.  42 A. No.  43 A. No.  44 A. Yes.  45 Q. And you're referencing the third page?  46 A. Yes.  47 Q. On the first page you see "P.  48 Tomkins," and a date of August 24, 2012 for Mrs. Edwards' slides?  49 Tomkins," and a date of August 24, 2012 for Mrs. Edwards' slides?  40 A. Yes.  41 A. Yes.  42 Q. Do you know?  41 A. Yes.  42 Q. Do you know?  43 A. I don't know. But if those are slides that are referenced on Page 1?  44 A. I don't know. Would have to look at the slide dentifiers. Most likely they are,	3	•	3	
5 see, you actually see parts of vaginal wall, how deep you are in the vaginal wall is questionable. What is part of vaginal wall.  8 Mucosa itself, some mucosal tissue, smooth miscle, everything, all tissue up to the urethra of its vaginal wall. So mesh is placed within parts of the vaginal wall?  10 Q. To your understanding, mesh is placed within parts of the vaginal wall?  11 A. Repeat it?  12 Q. To your understanding, the TVT-O mesh is placed within parts of the vaginal wall?  13 A. Yes.  14 A. Repeat it?  15 Q. Have you ever performed a TVT?  16 Q. Feen in a cadaver lab setting?  21 A. No.  22 Q. Ifave you ever performed any type of urinary incontinence surgery?  23 A. No.  25 MS. THOMPSON: Lunch is here.  26 MR. SNELL: I'm hungry. Are you hungry?  27 THE WITNESS: Yes.  38 MR. SNELL: Let's eat then.  49 (Whereupon, a luncheon recess was taken at 1:01 p.m.)  40 MR. SNELL: Let's eat then.  41 (Whereupon, a luncheon recess was taken at 1:01 p.m.)  42 (D. Do you know was marked for identification.)  43 A. Yes.  44 A. Yes.  45 Q. Do you recognize that document to include the the chain of custody that we received regarding Mrs. Edwards' mesh specimen?  46 A. It wasn't the chain of custody that we received regarding Mrs. Edwards' for Mrs. Edwards' mesh specimen?  47 A. No.  48 Page 191  49 A. No.  40 De you recognize that document to include the the chain of custody which I sake signed by me. The one on Page 3, that's signed by me. The one on Page 3, that's signed by me. And Page 4 is also signed by me.  41 A. No.  42 A. No.  43 A. No.  44 A. Yes.  45 Q. And you're referencing the third page?  46 A. Yes.  47 Q. On the first page you see "P.  48 Tomkins," and a date of August 24, 2012 for Mrs. Edwards' slides?  49 Tomkins," and a date of August 24, 2012 for Mrs. Edwards' slides?  40 A. Yes.  41 A. Yes.  42 Q. Do you know?  41 A. Yes.  42 Q. Do you know?  43 A. I don't know. But if those are slides that are referenced on Page 1?  44 A. I don't know. Would have to look at the slide dentifiers. Most likely they are,	4	So when the mucosa is opened, what you	4	(Whereupon, Iakovlev Exhibit Number 5,
6 deep you are in the vaginal wall is questionable. What is part of vaginal wall. 8 Mucosa itself; some nucosal tissue, smooth muscle, everything, all tissue up to the urethra is required within parts of the vaginal wall. 10 is vaginal wall. So mesh is placed within parts of the vaginal wall? 11 Q. To your understanding, mesh is placed within parts of the vaginal wall? 12 Q. To your understanding, the TVT-O mesh is placed within parts of the vaginal wall? 13 Q. Have you ever performed a TVT? 14 A. No. 15 Q. Even in a cadaver lab setting? 16 A. No. 17 A. No. 18 Q. Have you ever performed any type of urinary incontinence surgery? 19 A. No. 20 Q. Even in a cadaver lab setting? 21 A. No. 22 Q. Have you ever performed any type of urinary incontinence surgery? 23 urinary incontinence surgery? 24 A. No. 25 MR. THOMPSON: Lunch is here. 26 MR. SNELL: I'm hungry. Are you hungry? 27 A. MR. SNELL: I'm hungry. Are you hungry? 28 MR. SNELL: I'm hungry. Are you hungry? 29 MR. SNELL: I'm hungry. Are you hungry? 20 MR. SNELL: Let's eat then. 21 MR. SNELL: I'm hungry. Are you hungry? 22 MR. MR. SNELL: Let's eat then. 23 MR. SNELL: Let's eat then. 34 MR. SNELL: Let's eat then. 45 (Whereupon, a luncheon recess was taken at 1:01 p.m.) 46 MR. SNELL: Let's eat then. 47 MR. SNELL: Let's eat then. 48 MR. SNELL: Let's eat then. 49 MR. SNELL: Let's eat then. 49 MR. SNELL: Let's eat then. 40 MR. SNELL: Let's eat then. 41 MR. SNELL: Let's eat then. 41 MR. SNELL: Let's eat then. 42 MR. SNELL: Let's eat then. 43 MR. SNELL: Let's eat then. 44 MR. SNELL: Let's eat then. 45 MR. SNELL: Let's eat then. 46 MR. Edward's flides being released to the Mucller Law Firm? 47 MR. Edward's flides being released to the Mucller Law Firm? 48 MR. SNELL: Let's eat then. 49 MR. SNELL: Let's eat then. 40 MR. Edward's flides being released to the Mucller Law Firm? 41 MR. Edward's flides being released to the Mucller Law Firm? 42 MR. John Know. 43 MR. Good have the chain of custody that we received regarding Mrs. Edwards' mesh specimen. 44 MR. SNELL: Let's eat then	5	* *	5	
A warm   Beautification   Page 191   Page 191	6		6	
B   Mucosa itself, some mucosal tissue, smooth muscle, everything, all tissue up to the urethra is vaginal wall. So mesh is placed within parts of the vaginal wall?   10   12   20   70 your understanding, mesh is placed   12   20   70 your understanding, the TVT-O mesh is placed within parts of the vaginal wall?   15   20   70 your understanding, the TVT-O mesh is placed within parts of the vaginal wall?   16   17   A   Yes.   17   A   Yes.   18   20   A   No.   19   A   Yes.   19	7		7	-
muscle, everything, all tissue up to the urethra is vaginal wall. So mesh is placed within parts of the vaginal wall.  Q. To your understanding, mesh is placed within parts of the vaginal wall?  A. Repeat it?  A. Repeat it?  A. Yes.  Q. Do you recognize that document to indeed be the chain of custody for Mrs. Edwards' mesh specimen.  A. Yes.  Q. Do you recognize that document to indeed be the chain of custody which I signed be the chain of custody for Mrs. Edwards' mesh specimen.  A. Yes.  Q. Do you recognize that document to indeed be the chain of custody which I signed be the chain of custody which I signed, because it's not signed by me. The one on Page 3, that's signed by me. And Page 4 is also signed by me.  Q. So when did you get Mrs. Edwards' mesh specimen?  A. Yes.  Q. Do you recognize that document to indeed be the chain of custody which I signed, because it's not signed by me. The one on Page 3, that's signed by me. And Page 4 is also signed by me.  Q. So when did you get Mrs. Edwards' mesh specimen?  A. Yes.  Q. June 3rd, 2013?  A. Yes.  Q. And you're referencing the third page?  Page 191  MR. SNELL: Let's eat then.  (Whereupon, a luncheon recess was taken at 1:01 p.m.)  A. Yes.  Q. Do you know what transpired between  A. Yes.  Q. Do you know?  A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?  Q. Do you know?  A. I don't know.  A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know on Jun 3rd, 2013, you received one	8		8	,
10   is vaginal wall. So mesh is placed within parts of the vaginal wall. So mesh is placed within parts of the vaginal wall?   12   Q. To your understanding, mesh is placed within parts of the vaginal wall?   13   A. Repeat it?   Q. Do you recognize that document to indeed be the chain of custody for Mrs. Edwards' mesh specimen.   A. Yes.   G. Do you recognize that document to indeed be the chain of custody which I is placed within parts of the vaginal wall?   16   A. Yes.   A. Yes.   A. No.   19   signed, because it's not signed by me. And Page 4 is also signed by me.   A. No.   19   also signed by me.   A. No.   19   also signed by me.   A. No.   21   September   A. No.   22   A. No.   23   Q. June 3rd, 2013.   A. Yes.   Q. And you're referencing the third page?   Page 191   Page 193   A. Yes.   Q. On the first page you see "P.   THE WITNESS: Yes.   MR. SNELL: Let's eat then.   Yes.   Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edward's slides?   A. Yes.   Q. Do you know.   A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?   Q. Do you know?   A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know.   Q. Soo nune 3rd, 2013, you received one   Q. Soo nune 3rd, 2013, you received	9		9	O. Doctor, I've handed you Exhibit
11 of the vaginal wall. 2 Q. To your understanding, mesh is placed 3 within parts of the vaginal wall? 4 A. Repeat it? 5 Q. To your understanding, the TVT-O mesh 16 is placed within parts of the vaginal wall? 17 A. Yes. 18 Q. Have you ever performed a TVT? 19 A. No. 20 Q. Even in a cadaver lab setting? 21 A. No. 22 Q. Have you ever performed any type of 23 urinary incontinence surgery? 24 A. No. 25 MS. THOMPSON: Lunch is here. 26 MR. SNELL: I'm hungry. Are you hungry? 27 THE WITNESS: Yes. 4 MR. SNELL: Let's eat then. 5 (Whereupon, a luncheon recess was taken at 1:01 p.m.) 4 MR. SNELL: Let's eat then. 6 (Whereupon, a luncheon recess was taken at 1:01 p.m.) 7 Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' ildess? 10 A. Yes. 11 A. Yes. 12 Q. On the first page you see "P. Tomkins," and a date of August 24, 2012 for Mrs. Edwards' these are slides, I received specimen in formalin. Are they the same specimen? 10 A. Yes. 11 A. Yes. 12 Q. On byou know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' intended to Mrs. Edwards' mesh specimen. 14 A. Yes. 15 Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' intended to Mrs. Edwards' mesh specimen. 19 A. Yes. 20 Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' intended to Mrs. Edwards'	10		10	
12   Q. To your understanding, mesh is placed within parts of the vaginal wall?   13   13   Q. Do you recognize that document to indeed be the chain of custody for Mrs. Edwards' mesh specimen?   16   is placed within parts of the vaginal wall?   16   is placed within parts of the vaginal wall?   16   is placed within parts of the vaginal wall?   16   is placed within parts of the vaginal wall?   16   is placed within parts of the vaginal wall?   16   is placed within parts of the vaginal wall?   16   is placed within parts of the vaginal wall?   16   is placed within parts of the vaginal wall?   16   is placed within parts of the vaginal wall?   16   is placed within parts of the vaginal wall?   16   is placed within parts of the vaginal wall?   16   is placed within parts of the vaginal wall?   16   is placed within parts of the vaginal wall?   16   is placed within parts of the vaginal wall?   17   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   19   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is placed within parts of the vaginal wall?   18   is place	11			
within parts of the vaginal wall?  A. Repeat it?  Q. To your understanding, the TVT-O mesh is placed within parts of the vaginal wall?  A. Yes.  Q. Have you ever performed a TVT?  A. No.  Q. Even in a cadaver lab setting?  A. No.  Q. Have you ever performed any type of  urinary incontinence surgery?  A. No.  MS. THOMPSON: Lunch is here.  Page 191  MR. SNELL: I'm hungry. Are you hungry?  THE WITNESS: Yes.  MR. SNELL: Lef's eat then. (Whereupon, a luncheon recess was taken at 1:01 p.m.)  MR. SNELL: Lef's eat then. (Whereupon, a luncheon recess was taken at 1:01 p.m.)  MR. Shell and the statem of custody which I signed, because it's not signed by me. The one on Page 3, that's signed by me. And Page 4 is also signed by me.  Q. So when did you get Mrs. Edwards' mesh specimen?  A. June 3, 2013. Q. June 3rd, 2013?  A. Yes. Q. And you're referencing the third page?  Page 191  Page 193  A. Yes. Q. On the first page you see "P. Tomkins," and a date of August 24, 2012 for Mrs. Edwards three H&E slides being released to the Mueller Law Firm?  A. Yes. Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards slides?  A. Yes. Q. Do you know?  A. I don't know. But if those are slides, I received specimens?  Q. Do you know?  A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure.	12		12	-
14 A. Repeat it? 15 Q. To your understanding, the TVT-O mesh is placed within parts of the vaginal wall? 16 is placed within parts of the vaginal wall? 17 A. Yes. 18 Q. Have you ever performed a TVT? 18 Q. Even in a cadaver lab setting? 20 Q. Even in a cadaver lab setting? 21 A. No. 22 Q. Have you ever performed any type of 22 A. June 3, 2013. 23 urinary incontinence surgery? 24 A. No. 25 MS. THOMPSON: Lunch is here. 26 Page 191 27 A. Yes. 28 WR. SNELL: I'm hungry. Are you hungry? 29 THE WITNESS: Yes. 30 THE WITNESS: Yes. 41 MR. SNELL: Let's eat then. 52 (Whereupon, a luncheon recess was taken at 1:01 p.m.) 43 August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' shides? 44 August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' shides? 45 Q. Do you know what transpired between a August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' shides? 46 A. It don't know. But if those are shides that are referenced on Page 1? 47 A. I don't know. But if those are shides that are referenced on Page 1? 48 A. I don't know. Vould have to look at the slide identifiers. Most likely they are, but I don't know. Vould have to look at the slide identifiers. Most likely they are, but I don't know. Vould have to look at the slide identifiers. Most likely they are, but I don't know. Vould have to look at the slide identifiers. Most likely they are, but I don't know for sure.	13		13	
15 Q. To your understanding, the TVT-O mesh 16 is placed within parts of the vaginal wall? 17 A. Yes. 18 Q. Have you ever performed a TVT? 19 A. No. 20 Q. Even in a cadaver lab setting? 21 A. No. 22 Q. Have you ever performed any type of 23 urinary incontinence surgery? 24 A. No. 25 MS. THOMPSON: Lunch is here. 26 Page 191 27 A. Yes. 28 MR. SNELL: I'm hungry. Are you hungry? 29 hungry? 30 THE WITNESS: Yes. 40 MR. SNELL: Let's eat then. 51 (Whereupon, a luncheon recess was taken at 1:01 p.m.) 41 Page 191 42 A. Yes. 43 THE WITNESS: Yes. 44 MR. SNELL: Let's eat then. 45 (Whereupon, a luncheon recess was taken at 1:01 p.m.) 46 A. Yes. 47 Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edward's slides? 48 August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edward's slides? 49 A. I don't know. But if those are they they same specimens? 40 Q. On the third page, you were pointing to where you signed by me. And Page 4 is also signed				
16 is placed within parts of the vaginal wall? 17 A. Yes. 18 Q. Have you ever performed a TVT? 18 Q. Have you ever performed a TVT? 19 A. No. 20 Q. Even in a cadaver lab setting? 21 A. No. 22 Q. Have you ever performed any type of 23 urinary incontinence surgery? 24 A. No. 25 MS. THOMPSON: Lunch is here. 26 MR. SNELL: I'm hungry. Are you hungry? 27 A. MR. SNELL: I'm hungry. Are you hungry? 28 MR. SNELL: Let's eat then. 29 (Whereupon, a luncheon recess was taken at 1:01 p.m.) 20 Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides? 29 MS. THOMPSON: Lunch is here. 30 A. Yes. 31 A. Yes. 42 A. Yes. 43 C. On the first page you see "P. 44 Tomkins," and a date of August 24, 2012 for Mrs. Edwards three H&E slides being released to the Mueller Law Firm? 45 A. Yes. 46 A. Yes. 47 Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides? 48 August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides? 49 Tomkins," and a date of August 24th 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides? 40 A. I don't know. 41 A. I don't know. 41 A. I don't know. 42 C. Do you know? 43 A. Yes. 44 A. Yes. 45 C. Do you know? 46 A. Yes. 47 C. Do you know? 48 A. Yes. 49 C. Do you know? 40 A. I don't know. 41 A. I don't know. 41 A. I don't know. 42 C. Do you know? 43 A. Yes. 44 A. I don't know for sure. 45 C. Do you know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure. 46 C. So on June 37d, 2013, you received one				
17 A. Yes. 18 Q. Have you ever performed a TVT? 18 on Page 3, that's signed by me. And Page 4 is also signed by me. And Page 4 is al				-
18 Q. Have you ever performed a TVT? 19 A. No. 20 Q. Even in a cadaver lab setting? 21 A. No. 22 Q. Have you ever performed any type of 23 urinary incontinence surgery? 24 A. No. 25 MS. THOMPSON: Lunch is here. 26 Page 191 27 THE WITNESS: Yes. 28 MR. SNELL: I'm hungry. Are you hungry? 30 THE WITNESS: Yes. 41 MR. SNELL: Let's eat then. 42 (Whereupon, a luncheon recess was taken at 1:01 p.m.) 43 CA. Yes. 44 A. Yes. 45 Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' shides? 46 A. Yes. 47 Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' shides? 48 A. Yes. 49 C. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' shides? 40 A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens? 41 A. Yes. 42 A. Yes. 43 C. On the first page you see "P. 44 Mrs. Edwards three H&E slides being released to the Mueller Law Firm? 45 A. Yes. 46 A. Yes. 47 Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' shides? 48 A. Yes. 49 C. Do you know? 40 A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens? 41 A. I don't know. 41 A. I don't know. 42 A. Yes. 43 C. Do you know? 44 A. I don't know. 45 C. Do you know? 46 A. Yes. 47 C. Do you know? 48 A. Yes. 49 Q. Do you know? 40 Do you know? 41 A. I don't know. 40 Do you know? 41 A. I don't know. 41 A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure. 40 Do you know for sure. 41 A. Yes. 42 Bage 193 43 Bage 193 44 Bage 193 45 Bage 193 46 A. Yes. 47 C. Do you know for sure. 48 Bage 193 49 C. Soon June 3rd, 2013, you received one				•
19 A. No. 20 Q. Even in a cadaver lab setting? 21 A. No. 22 Q. Have you ever performed any type of 23 urinary incontinence surgery? 24 A. No. 25 MS. THOMPSON: Lunch is here.  Page 191  Page 191  MR. SNELL: I'm hungry. Are you hungry? 3 THE WITNESS: Yes. 4 MR. SNELL: Let's eat then. 5 (Whereupon, a luncheon recess was taken at 1:01 p.m.)  MR. SNELL: Let's eat then. 4 Mr. Ses. 6 Laken at 1:01 p.m.)  7 Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides? 10 A. I don't know. But if those are lides three these slides becimens? 11 Slides, I received specimen in formalin. Are they the same specimens? 12 they the same specimens? 13 Q. Do you know? 14 A. I don't know. 15 Q. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides? 18 A. Yes. 19 Q. Do bes that correspond to the three H&E slides that are referenced on Page 1? 21 A. Yes. 22 Q. On the first page you see "P. Tomkins," and a date of August 24t, 2012 for the Mueller Law Firm? 24 A. Yes. 25 Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides? 26 A. Jedn't know. But if those are lides they the same specimens? 27 Q. Do you know? 28 A. Jedn't know. 29 Do you know? 20 Do you know? 20 Do you know? 21 A. Yes. 22 Do you know? 23 A. Yes. 24 A. Yes. 25 Q. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides? 28 A. Yes. 29 Q. Do bos that correspond to the three H&E slides that are referenced on Page 1? 21 A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure. 29 Bos on June 3rd, 2013, you received one				
Q. Even in a cadaver lab setting? A. No. Q. Have you ever performed any type of urinary incontinence surgery? A. No. MS. THOMPSON: Lunch is here.  Page 191  MR. SNELL: I'm hungry. Are you hungry? THE WITNESS: Yes. MR. SNELL: Let's eat then. (Whereupon, a luncheon recess was taken at 1:01 p.m.)  Where the statement of the first page you know what transpired between a label to Mrs. Edwards' slides?  A. Yes. Q. On the first page you see "P. The WITNESS: Yes. A. Yes. Q. Do you know what transpired between a label to Mrs. Edwards' slides? A. Yes. Q. Do you know what transpired between a label to Mrs. Edwards' slides? A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens? Q. Do you know? A. I don't know. J. Do you know. J. Do you know? A. I don't know. J. Do you know. J. Do	_			
21 A. No. 22 Q. Have you ever performed any type of 23 urinary incontinence surgery? 24 A. No. 25 MS. THOMPSON: Lunch is here.  Page 191  MR. SNELL: I'm hungry. Are you hungry? 2 hungry? 3 THE WITNESS: Yes. 4 MR. SNELL: Let's eat then. 5 (Whereupon, a luncheon recess was taken at 1:01 p.m.)  7 Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides? 2 Q. Do you know. 3 Later and 1 slides, I received specimen in formalin. Are they the same specimens? 3 Later and 1 slides, I received specimen in formalin. Are they the same specimens? 4 A. Yes. 5 Q. And you're referencing the third page?  Page 193  A. Yes. C. On the first page you see "P. Tomkins," and a date of August 24, 2012 for the Mueller Law Firm? A. Yes. C. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides? A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens? A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimen in formalin. Are they the same specimen in formalin to where you signed for the materials. Item number two indicates three H&E slides? A. Yes. C. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides? A. Yes. C. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides? A. Yes. C. On the slide identifiers. Most likely they are, but I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure. C. So on June 3rd, 2013, you received one				- · · · · · · · · · · · · · · · · · · ·
22 Q. Have you ever performed any type of 23 urinary incontinence surgery? 24 A. No. 25 MS. THOMPSON: Lunch is here. 26 Page 191  Page 191  Page 193  A. Yes. 27 Q. And you're referencing the third page?  Page 193  Page 194  Page 195  MR. SNELL: I'm hungry. Are you hungry?  THE WITNESS: Yes.  MR. SNELL: Let's eat then. (Whereupon, a luncheon recess was taken at 1:01 p.m.)  MR. SNELL: Let's eat then.  MR. Edwards three H&E slides being released to the Mueller Law Firm?  A. Yes.  D. Do you know what transpired between  August 24th, 2012 and Junc 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are they the same specimens?  A. I don't know.  D. Do you know?  A. Yes.  O. On the first page you see "P.  Tomkins," and a date of August 24, 2012 for Mrs. Edwards' slides being released to the Mueller Law Firm?  A. Yes.  D. Do you know what transpired between August 24th, 2012 and Junc 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are they the same specimens?  D. Do you know?  A. I don't know.  D. Do you know?  A. I don't know.  D. Do you know?  A. Yes.  D. On the first page you see "P.  A. I don't know.  D. Do you know?  A. Yes.  D. Do you know?  A. Yes.  D. Do you know?  A. Yes.  D. Do you know?  A. John't know.  D. Do you know?  A. John't know. Jou you do you know?  A. John't know. Jou you do you know?  A. John't know. Jou you you you you you you you you you y				
23				•
A. No.  MS. THOMPSON: Lunch is here.  Page 191  MR. SNELL: I'm hungry. Are you hungry?  THE WITNESS: Yes.  MS. THOMPSON: Lunch is here.  Page 191  A. Yes.  On the first page you see "P.  Tomkins," and a date of August 24, 2012 for Mrs. Edwards three H&E slides being released to the Mueller Law Firm?  A. Yes.  Do you know what transpired between a August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?  A. I don't know?  A. I don't know?  A. I don't know.  D. Oo you know?  A. I don't know.  The with the same specimens?  On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides?  A. Yes.  On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides?  A. Yes.  On Does that correspond to the three H&E slides that are referenced on Page 1?  A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure.  Q. So on June 3rd, 2013, you received one				
Page 191  Page 191  MR. SNELL: I'm hungry. Are you hungry?  THE WITNESS: Yes.  MR. SNELL: Let's eat then.  (Whereupon, a luncheon recess was taken at 1:01 p.m.)  A. Yes.  Do you know what transpired between August 24, 2012 awith regard to Mrs. Edwards' slides?  A. I don't know. But if those are slides, I received specimens?  A. I don't know.  D. Oo the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides?  A. Yes.  D. Oo be that correspond to the three H&E slides?  A. I don't know.  D. Do you know?  A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?  A. I don't know.  D. Do you know?  A. I don't know.  A. I don't know.  A. Yes.  D. Do you know?  A. I don't know.  A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure.  D. Do you know?  A. I don't know for sure.  D. Do you know?  A. I don't know for sure.  D. Do you know?				
Page 191  MR. SNELL: I'm hungry. Are you hungry?  THE WITNESS: Yes.  MR. SNELL: Let's eat then. (Whereupon, a luncheon recess was taken at 1:01 p.m.)  MR. SNELL: Let's eat then.  MR. Edwards three H&E slides being released to the Mueller Law Firm?  A. Yes.  O. Do you know what transpired between  August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are they same specimens?  D. Do you know?  A. I don't know.  D. Do you know?  A. I don't know.  O. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides?  A. Yes.  D. Do you know for the materials. Item number two indicates three H&E slides?  A. Yes.  MR. SNELL: I'm hungry. Are you  A. I don't know.  D. Does that correspond to the three H&E slides that are referenced on Page 1?  A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure.  D. Do you know?  A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure.				
1 MR. SNELL: I'm hungry. Are you hungry? 2 hungry? 3 THE WITNESS: Yes. 4 MR. SNELL: Let's eat then. 5 (Whereupon, a luncheon recess was taken at 1:01 p.m.) 6 taken at 1:01 p.m.) 7 Q. Do you know what transpired between 8 August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides? 10 A. I don't know. But if those are 11 slides, I received specimen in formalin. Are they the same specimens? 12 they the same specimens? 13 Q. Do you know? 14 A. I don't know. 15 Q. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides? 18 A. Yes. 19 Q. Does that correspond to the three H&E slides that are referenced on Page 1? 21 A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	23	Mis. Thomison. Editins liefe.	25	Q. And you're referencing the unit page:
hungry?  THE WITNESS: Yes.  MR. SNELL: Let's eat then.  (Whereupon, a luncheon recess was taken at 1:01 p.m.)  A. Yes.  Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are they they are, but I don't know.  June 17  June 17  June 17  June 17  June 17  June 18  J		Page 191		Page 193
hungry?  THE WITNESS: Yes.  MR. SNELL: Let's eat then.  (Whereupon, a luncheon recess was taken at 1:01 p.m.)  A. Yes.  O. Do you know what transpired between to Mrs. Edwards' slides?  A. I don't know. But if those are they they the same specimens?  Late of the you know?  A. I don't know.  Do you know?  A. I don't know.  Late of the materials. Item number two indicates three H&E slides?  A. Yes.  O. Do you know what transpired between and to Mrs. Edwards' slides?  A. I don't know. But if those are they the same specimens?  Do you know?  A. I don't know.  Late of the water of the materials. Item number two indicates three H&E slides?  A. Yes.  Do Do se that correspond to the three H&E slides?  A. Yes.  A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure.  A. I don't know of sure.  A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure.  A. So on June 3rd, 2013, you received one	1	MR. SNELL: I'm hungry. Are you	1	A. Yes.
THE WITNESS: Yes.  MR. SNELL: Let's eat then.  (Whereupon, a luncheon recess was taken at 1:01 p.m.)  A. Yes.  Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to to Mrs. Edwards' slides?  A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?  Do you know?  A. I don't know.  C. Do you know?  A. Yes.  C. Do you know?  A. I don't know.  A. Yes.  C. Do you know?  A. Yes.  O. Does that correspond to the three H&E slides?  A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure.  A. I don't know for sure.  C. So on June 3rd, 2013, you received one	2		2	Q. On the first page you see "P.
5 (Whereupon, a luncheon recess was 6 taken at 1:01 p.m.) 6 A. Yes. 7 Q. Do you know what transpired between 8 August 24th, 2012 and June 3rd, 2013 with regard 9 to Mrs. Edwards' slides? 10 A. I don't know. But if those are 11 slides, I received specimen in formalin. Are 12 they the same specimens? 13 Q. Do you know? 14 A. I don't know. 15 Q. On the third page, you were pointing 16 to where you signed for the materials. Item 17 number two indicates three H&E slides? 18 A. Yes. 19 Q. Does that correspond to the three H&E 20 slides that are referenced on Page 1? 21 A. I don't know. I would have to look at 22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	3		3	Tomkins," and a date of August 24, 2012 for
5 (Whereupon, a luncheon recess was 6 taken at 1:01 p.m.) 6 A. Yes. 7 Q. Do you know what transpired between 8 August 24th, 2012 and June 3rd, 2013 with regard 9 to Mrs. Edwards' slides? 10 A. I don't know. But if those are 11 slides, I received specimen in formalin. Are 12 they the same specimens? 13 Q. Do you know? 14 A. I don't know. 15 Q. On the third page, you were pointing 16 to where you signed for the materials. Item 17 number two indicates three H&E slides? 18 A. Yes. 19 Q. Does that correspond to the three H&E 20 slides that are referenced on Page 1? 21 A. I don't know. I would have to look at 22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	4	MR. SNELL: Let's eat then.	4	Mrs. Edwards three H&E slides being released to
7 Q. Do you know what transpired between 8 August 24th, 2012 and June 3rd, 2013 with regard 9 to Mrs. Edwards' slides? 10 A. I don't know. But if those are 11 slides, I received specimen in formalin. Are 12 they the same specimens? 13 Q. Do you know? 14 A. I don't know. 15 Q. On the third page, you were pointing 16 to where you signed for the materials. Item 17 number two indicates three H&E slides? 18 A. Yes. 19 Q. Does that correspond to the three H&E 20 slides that are referenced on Page 1? 21 A. I don't know. I would have to look at 22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	5	(Whereupon, a luncheon recess was	5	
7 Q. Do you know what transpired between 8 August 24th, 2012 and June 3rd, 2013 with regard 9 to Mrs. Edwards' slides? 10 A. I don't know. But if those are 11 slides, I received specimen in formalin. Are 12 they the same specimens? 13 Q. Do you know? 14 A. I don't know. 15 Q. On the third page, you were pointing 16 to where you signed for the materials. Item 17 number two indicates three H&E slides? 18 A. Yes. 19 Q. Does that correspond to the three H&E 20 slides that are referenced on Page 1? 21 A. I don't know. I would have to look at 22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	6	taken at 1:01 p.m.)	6	
9 to Mrs. Edwards' slides? 10 A. I don't know. But if those are 11 slides, I received specimen in formalin. Are 12 they the same specimens? 13 Q. Do you know? 14 A. I don't know. 15 Q. On the third page, you were pointing 16 to where you signed for the materials. Item 17 number two indicates three H&E slides? 18 A. Yes. 19 Q. Does that correspond to the three H&E 20 slides that are referenced on Page 1? 21 A. I don't know. I would have to look at 22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	7	•	1 0	A. Yes.
9 to Mrs. Edwards' slides? 10 A. I don't know. But if those are 11 slides, I received specimen in formalin. Are 12 they the same specimens? 13 Q. Do you know? 14 A. I don't know. 15 Q. On the third page, you were pointing 16 to where you signed for the materials. Item 17 number two indicates three H&E slides? 18 A. Yes. 19 Q. Does that correspond to the three H&E 20 slides that are referenced on Page 1? 21 A. I don't know. I would have to look at 22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	, ,			
11 slides, I received specimen in formalin. Are 12 they the same specimens? 13 Q. Do you know? 14 A. I don't know. 15 Q. On the third page, you were pointing 16 to where you signed for the materials. Item 17 number two indicates three H&E slides? 18 A. Yes. 19 Q. Does that correspond to the three H&E 20 slides that are referenced on Page 1? 21 A. I don't know. I would have to look at 22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one			7	Q. Do you know what transpired between
12 they the same specimens?  13 Q. Do you know?  14 A. I don't know.  15 Q. On the third page, you were pointing  16 to where you signed for the materials. Item  17 number two indicates three H&E slides?  18 A. Yes.  19 Q. Does that correspond to the three H&E  20 slides that are referenced on Page 1?  21 A. I don't know. I would have to look at  22 the slide identifiers. Most likely they are,  23 but I don't know for sure.  24 Q. So on June 3rd, 2013, you received one	8		7 8	Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard
13 Q. Do you know?  14 A. I don't know.  15 Q. On the third page, you were pointing  16 to where you signed for the materials. Item  17 number two indicates three H&E slides?  18 A. Yes.  19 Q. Does that correspond to the three H&E  20 slides that are referenced on Page 1?  21 A. I don't know. I would have to look at  22 the slide identifiers. Most likely they are,  23 but I don't know for sure.  24 Q. So on June 3rd, 2013, you received one	8 9		7 8 9	Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?
13 Q. Do you know?  14 A. I don't know.  15 Q. On the third page, you were pointing  16 to where you signed for the materials. Item  17 number two indicates three H&E slides?  18 A. Yes.  19 Q. Does that correspond to the three H&E  20 slides that are referenced on Page 1?  21 A. I don't know. I would have to look at  22 the slide identifiers. Most likely they are,  23 but I don't know for sure.  24 Q. So on June 3rd, 2013, you received one	8 9 10		7 8 9 10	<ul><li>Q. Do you know what transpired between</li><li>August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?</li><li>A. I don't know. But if those are</li></ul>
14 A. I don't know.  15 Q. On the third page, you were pointing 16 to where you signed for the materials. Item 17 number two indicates three H&E slides? 18 A. Yes. 19 Q. Does that correspond to the three H&E 20 glides that are referenced on Page 1? 21 A. I don't know. I would have to look at 22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	8 9 10 11		7 8 9 10 11	<ul> <li>Q. Do you know what transpired between</li> <li>August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?</li> <li>A. I don't know. But if those are slides, I received specimen in formalin. Are</li> </ul>
15 Q. On the third page, you were pointing 16 to where you signed for the materials. Item 17 number two indicates three H&E slides? 18 A. Yes. 19 Q. Does that correspond to the three H&E 20 slides that are referenced on Page 1? 21 A. I don't know. I would have to look at 22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	8 9 10 11 12		7 8 9 10 11 12	<ul> <li>Q. Do you know what transpired between</li> <li>August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?</li> <li>A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?</li> </ul>
16 to where you signed for the materials. Item 17 number two indicates three H&E slides? 18 A. Yes. 19 Q. Does that correspond to the three H&E 20 slides that are referenced on Page 1? 21 A. I don't know. I would have to look at 22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	8 9 10 11 12 13		7 8 9 10 11 12 13	Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?  Q. Do you know?
17 number two indicates three H&E slides?  18 A. Yes.  19 Q. Does that correspond to the three H&E  20 slides that are referenced on Page 1?  21 A. I don't know. I would have to look at  22 the slide identifiers. Most likely they are,  23 but I don't know for sure.  24 Q. So on June 3rd, 2013, you received one	8 9 10 11 12 13 14		7 8 9 10 11 12 13	<ul> <li>Q. Do you know what transpired between</li> <li>August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?</li> <li>A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?</li> <li>Q. Do you know?</li> <li>A. I don't know.</li> </ul>
18 A. Yes.  19 Q. Does that correspond to the three H&E  20 slides that are referenced on Page 1?  21 A. I don't know. I would have to look at  22 the slide identifiers. Most likely they are,  23 but I don't know for sure.  24 Q. So on June 3rd, 2013, you received one	8 9 10 11 12 13 14 15		7 8 9 10 11 12 13 14 15	<ul> <li>Q. Do you know what transpired between</li> <li>August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?</li> <li>A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?</li> <li>Q. Do you know?</li> <li>A. I don't know.</li> <li>Q. On the third page, you were pointing</li> </ul>
19 Q. Does that correspond to the three H&E 20 slides that are referenced on Page 1? 21 A. I don't know. I would have to look at 22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	8 9 10 11 12 13 14 15		7 8 9 10 11 12 13 14 15 16	<ul> <li>Q. Do you know what transpired between</li> <li>August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?</li> <li>A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?</li> <li>Q. Do you know?</li> <li>A. I don't know.</li> <li>Q. On the third page, you were pointing to where you signed for the materials. Item</li> </ul>
20 slides that are referenced on Page 1? 21 A. I don't know. I would have to look at 22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	8 9 10 11 12 13 14 15 16 17		7 8 9 10 11 12 13 14 15 16 17	Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?  Q. Do you know?  A. I don't know.  Q. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides?
21 A. I don't know. I would have to look at 22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	8 9 10 11 12 13 14 15 16 17		7 8 9 10 11 12 13 14 15 16 17	Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?  Q. Do you know?  A. I don't know.  Q. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides?  A. Yes.
22 the slide identifiers. Most likely they are, 23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	8 9 10 11 12 13 14 15 16 17 18		7 8 9 10 11 12 13 14 15 16 17 18	Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?  Q. Do you know?  A. I don't know.  Q. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides?  A. Yes.  Q. Does that correspond to the three H&E
23 but I don't know for sure. 24 Q. So on June 3rd, 2013, you received one	8 9 10 11 12 13 14 15 16 17 18 19 20		7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?  Q. Do you know?  A. I don't know.  Q. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides?  A. Yes.  Q. Does that correspond to the three H&E slides that are referenced on Page 1?
24 Q. So on June 3rd, 2013, you received one	8 9 10 11 12 13 14 15 16 17 18 19 20 21		7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?  Q. Do you know?  A. I don't know.  Q. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides?  A. Yes.  Q. Does that correspond to the three H&E slides that are referenced on Page 1?  A. I don't know. I would have to look at
Q. Se should stay 2015, you received one	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22		7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?  Q. Do you know?  A. I don't know.  Q. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides?  A. Yes.  Q. Does that correspond to the three H&E slides that are referenced on Page 1?  A. I don't know. I would have to look at the slide identifiers. Most likely they are,
jai voitaining saigteat most material with	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23		7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?  Q. Do you know?  A. I don't know.  Q. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides?  A. Yes.  Q. Does that correspond to the three H&E slides that are referenced on Page 1?  A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure.
	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24		7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. Do you know what transpired between August 24th, 2012 and June 3rd, 2013 with regard to Mrs. Edwards' slides?  A. I don't know. But if those are slides, I received specimen in formalin. Are they the same specimens?  Q. Do you know?  A. I don't know.  Q. On the third page, you were pointing to where you signed for the materials. Item number two indicates three H&E slides?  A. Yes.  Q. Does that correspond to the three H&E slides that are referenced on Page 1?  A. I don't know. I would have to look at the slide identifiers. Most likely they are, but I don't know for sure.  Q. So on June 3rd, 2013, you received one

49 (Pages 190 to 193)

	Page 194		Page 196
1	attached soft tissue in formalin?	1	didn't weigh it, correct?
2	A. Yes.	2	A. No.
3	Q. And you received three H&E slides?	3	Q. You mentioned you analyzed it for its
4	A. Yes.	4	stiffness?
5	Q. Did the material come directly to you,	5	A. Yeah.
6	or to someone else in your lab?	6	Q. How did you analyze it for stiffness?
7	A. Came directly to me.	7	A. Just by palpation.
8	Q. And how long had Mrs. Edwards' explant	8	Q. By using your fingers?
9	material been in formalin after her surgical	9	A. Yes.
10	explant?	10	Q. You didn't use any type of tool to aid
11	A. I can trace it back to see what was	11	you in the stiffness testing?
12	the time of excision. I mean there's a clinical	12	A. No. It's not routinely done. As we
13	record of excision. It was January, 2012. So a	13	discussed, numerical parameters are weight,
14	year and a half.	14	linear dimensions, and volume. That's recorded
15	Q. So Mrs. Edwards' mesh material sat in	15	in pathology.
16	formalin for about a year and a half before you	16	Q. And then you said you sectioned the
17	came in possession of it?	17	mesh?
18	A. Yes. Jar in formalin. The H&E slides	18	A. Yes.
19	were generated earlier.	19	Q. Did you section it before it was
20	Q. Do you know who generated those H&E	20	ultimately put in formalin?
21	slides?	21	A. No.
22	A. I would have to see the slides, where	22	Q. I'm sorry.
23	they came from, because institutional identifier	23	Did your section the mesh before it
24	sometimes are on the slides.	24	was put in paraffin?
25	Q. When you received the mesh material	25	A. Yes. I would have to see how it was
	Q. When you received the mesh material		
	Page 195		Page 197
	<u>-</u>		rage 197
1	from Mrs. Edwards in the jar in formalin,	1	sectioned in the path report, pathology reports.
1 2		1 2	
	from Mrs. Edwards in the jar in formalin,		sectioned in the path report, pathology reports.
2	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that	2	sectioned in the path report, pathology reports. When they do it, the record all these
2	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?	2 3	sectioned in the path report, pathology reports. When they do it, the record all these procedures.
2 3 4	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph,	2 3 4	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you
2 3 4 5	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of	2 3 4 5	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?
2 3 4 5 6	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then	2 3 4 5 6	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine.
2 3 4 5 6 7	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains,	2 3 4 5 6 7	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine.  Q. Did you bring your pathology report
2 3 4 5 6 7 8	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then	2 3 4 5 6 7 8	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine.  Q. Did you bring your pathology report here today?
2 3 4 5 6 7 8 9	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.	2 3 4 5 6 7 8	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine.  Q. Did you bring your pathology report here today?  A. I thought it was provided to you.
2 3 4 5 6 7 8 9	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that	2 3 4 5 6 7 8 9	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine.  Q. Did you bring your pathology report here today?  A. I thought it was provided to you.  Q. I don't have a pathology report from you.  A. I didn't bring it today.
2 3 4 5 6 7 8 9 10	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that was done by diagnostic laboratory, accredited	2 3 4 5 6 7 8 9 10	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine.  Q. Did you bring your pathology report here today?  A. I thought it was provided to you.  Q. I don't have a pathology report from you.
2 3 4 5 6 7 8 9 10 11	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that was done by diagnostic laboratory, accredited diagnostic laboratory by using standard	2 3 4 5 6 7 8 9 10 11	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine.  Q. Did you bring your pathology report here today?  A. I thought it was provided to you.  Q. I don't have a pathology report from you.  A. I didn't bring it today.
2 3 4 5 6 7 8 9 10 11 12	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that was done by diagnostic laboratory, accredited diagnostic laboratory by using standard operating procedures.	2 3 4 5 6 7 8 9 10 11 12 13	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine.  Q. Did you bring your pathology report here today?  A. I thought it was provided to you.  Q. I don't have a pathology report from you.  A. I didn't bring it today.  Q. Just so I understand, after you do
2 3 4 5 6 7 8 9 10 11 12 13 14	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that was done by diagnostic laboratory, accredited diagnostic laboratory by using standard operating procedures.  Q. When you say you sectioned the mesh	2 3 4 5 6 7 8 9 10 11 12 13 14	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine.  Q. Did you bring your pathology report here today?  A. I thought it was provided to you.  Q. I don't have a pathology report from you.  A. I didn't bring it today.  Q. Just so I understand, after you do your stiffness and physical analysis, what
2 3 4 5 6 7 8 9 10 11 12 13 14 15	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that was done by diagnostic laboratory, accredited diagnostic laboratory by using standard operating procedures.  Q. When you say you sectioned the mesh strike that.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine. Q. Did you bring your pathology report here today?  A. I thought it was provided to you. Q. I don't have a pathology report from you.  A. I didn't bring it today. Q. Just so I understand, after you do your stiffness and physical analysis, what happens from that point until when you section
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that was done by diagnostic laboratory, accredited diagnostic laboratory by using standard operating procedures.  Q. When you say you sectioned the mesh strike that.  You took the mesh out of the formalin,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine. Q. Did you bring your pathology report here today?  A. I thought it was provided to you. Q. I don't have a pathology report from you.  A. I didn't bring it today. Q. Just so I understand, after you do your stiffness and physical analysis, what happens from that point until when you section it?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that was done by diagnostic laboratory, accredited diagnostic laboratory by using standard operating procedures.  Q. When you say you sectioned the mesh strike that.  You took the mesh out of the formalin, correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine.  Q. Did you bring your pathology report here today?  A. I thought it was provided to you.  Q. I don't have a pathology report from you.  A. I didn't bring it today.  Q. Just so I understand, after you do your stiffness and physical analysis, what happens from that point until when you section it?  A. Nothing. I take it out, palpate it,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that was done by diagnostic laboratory, accredited diagnostic laboratory by using standard operating procedures.  Q. When you say you sectioned the mesh strike that.  You took the mesh out of the formalin, correct?  A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine. Q. Did you bring your pathology report here today?  A. I thought it was provided to you. Q. I don't have a pathology report from you.  A. I didn't bring it today. Q. Just so I understand, after you do your stiffness and physical analysis, what happens from that point until when you section it?  A. Nothing. I take it out, palpate it, examine for whatever is inside, into the mesh,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that was done by diagnostic laboratory, accredited diagnostic laboratory by using standard operating procedures.  Q. When you say you sectioned the mesh strike that.  You took the mesh out of the formalin, correct?  A. Yes.  Q. And you took photographs of it?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine.  Q. Did you bring your pathology report here today?  A. I thought it was provided to you.  Q. I don't have a pathology report from you.  A. I didn't bring it today.  Q. Just so I understand, after you do your stiffness and physical analysis, what happens from that point until when you section it?  A. Nothing. I take it out, palpate it, examine for whatever is inside, into the mesh, if there is any nodule, tumor, mass,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that was done by diagnostic laboratory, accredited diagnostic laboratory by using standard operating procedures.  Q. When you say you sectioned the mesh strike that.  You took the mesh out of the formalin, correct?  A. Yes.  Q. And you took photographs of it? A. Gross photographs.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine. Q. Did you bring your pathology report here today?  A. I thought it was provided to you. Q. I don't have a pathology report from you.  A. I didn't bring it today. Q. Just so I understand, after you do your stiffness and physical analysis, what happens from that point until when you section it?  A. Nothing. I take it out, palpate it, examine for whatever is inside, into the mesh, if there is any nodule, tumor, mass, hemorrhagic, describe the characteristics sort
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that was done by diagnostic laboratory, accredited diagnostic laboratory by using standard operating procedures.  Q. When you say you sectioned the mesh strike that.  You took the mesh out of the formalin, correct?  A. Yes.  Q. And you took photographs of it? A. Gross photographs. Q. And then you measured it, correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine. Q. Did you bring your pathology report here today?  A. I thought it was provided to you. Q. I don't have a pathology report from you.  A. I didn't bring it today. Q. Just so I understand, after you do your stiffness and physical analysis, what happens from that point until when you section it?  A. Nothing. I take it out, palpate it, examine for whatever is inside, into the mesh, if there is any nodule, tumor, mass, hemorrhagic, describe the characteristics sort of. And then I decide what is the best way to
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that was done by diagnostic laboratory, accredited diagnostic laboratory by using standard operating procedures.  Q. When you say you sectioned the mesh strike that.  You took the mesh out of the formalin, correct?  A. Yes.  Q. And you took photographs of it? A. Gross photographs. Q. And then you measured it, correct? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine. Q. Did you bring your pathology report here today?  A. I thought it was provided to you. Q. I don't have a pathology report from you.  A. I didn't bring it today. Q. Just so I understand, after you do your stiffness and physical analysis, what happens from that point until when you section it?  A. Nothing. I take it out, palpate it, examine for whatever is inside, into the mesh, if there is any nodule, tumor, mass, hemorrhagic, describe the characteristics sort of. And then I decide what is the best way to section to examine for specific questions.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	from Mrs. Edwards in the jar in formalin, June 3rd, 2013, what did you do with that explant?  A. Took it out, took a gross photograph, I think I did I think gross photographs of all specimens, and then measured it, and then examined it grossly for what it contains, stiffness, any other physical parameters, then sectioned it and put for processing.  And we discussed the processing that was done by diagnostic laboratory, accredited diagnostic laboratory by using standard operating procedures.  Q. When you say you sectioned the mesh strike that.  You took the mesh out of the formalin, correct?  A. Yes.  Q. And you took photographs of it? A. Gross photographs. Q. And then you measured it, correct? A. Yes. Q. How did you measure it?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	sectioned in the path report, pathology reports.  When they do it, the record all these procedures.  Q. Which pathology report are you referencing; yours?  A. Mine. Q. Did you bring your pathology report here today?  A. I thought it was provided to you. Q. I don't have a pathology report from you.  A. I didn't bring it today. Q. Just so I understand, after you do your stiffness and physical analysis, what happens from that point until when you section it?  A. Nothing. I take it out, palpate it, examine for whatever is inside, into the mesh, if there is any nodule, tumor, mass, hemorrhagic, describe the characteristics sort of. And then I decide what is the best way to section to examine for specific questions.  So for mesh, my initial thoughts were

	Page 198		Page 200
1	gives you large area for its clinical features.	1	this same standard operating procedure to
2	So it's a judgment call for pathologists.	2	gradually dehydrate the explant before putting
3	And then the entire specimen is just	3	it into paraffin?
4	put in the cassette, or it's being sectioned and	4	A. Yes. Not just explanted meshes. I
5	then pieces are put in the cassette, and then	5	also did the same procedure for new mesh.
6	the cassette goes into the machine for	6	Q. Okay. Now, the alcohol solution is
7	processing.	7	ultimately increased up to 100 percent?
8	Q. How is the specimen processed?	8	A. Yes.
9	A. Specimen processing is when specimen	9	Q. Okay. And during the dehydration
10	is gradually dehydrated and then saturated by	10	process, you testified that the alcohol is then
11	softened blocks, or paraffin.	11	replaced by xylene?
12	Q. Were you the one who does the gradual	12	A. Yes.
13	dehydration of Mrs. Edwards' mesh?	13	Q. What is xylene?
14	A. No. It's done by a machine in the	14	A. It's a solvent.
15	lab. There is a processing machine.	15	Q. I'm not a chemist, I'm sorry.
16	Q. What machine is that?	16	A. It's a solvent. I mean it's like any
17	A. You mean model?	17	solvent, chemical organic chemical solvent.
18	Q. If you know.	18	Q. Does the solvent dry out the tissue?
19	A. I don't know. I mean it's a standard	19	A. It's already dry. Dehydration. If
20	machine. We have several machines.	20	you mean drying as in dehydration, it's already
21	Q. Do you know what the steps are in the	21	dehydrated. It is fluid, it's liquid, but it's
22	dehydration process that you subjected	22	not water.
23	Mrs. Edwards' explant to?	23	Q. What was the concentrations of the
24	A. What usually is done not usually.	24	xylene that were used in the process to prepare
25	What is done by standard operating procedure, it	25	Mrs. Edwards' mesh explant?
	Page 199		Page 201
			5
1	goes through several solutions of formalin, so	1	
1 2	goes through several solutions of formalin, so first formalin circulates in the machine, then	1 2	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have
			A. Xylene is a pure substance. It's not
2	first formalin circulates in the machine, then	2	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have
2 3	first formalin circulates in the machine, then this formalin is being replaced by solution of	2 3	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but
2 3 4	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent	2 3 4	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was
2 3 4 5	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance,	2 3 4 5	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.
2 3 4 5 6	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the	2 3 4 5 6	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.
2 3 4 5 6 7	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions,	2 3 4 5 6 7	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?
2 3 4 5 6 7 8 9	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then	2 3 4 5 6 7 8 9	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens,
2 3 4 5 6 7 8 9 10	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene,	2 3 4 5 6 7 8 9 10	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and
2 3 4 5 6 7 8 9 10 11	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.	2 3 4 5 6 7 8 9 10 11	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous
2 3 4 5 6 7 8 9 10 11 12 13	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.  And then the cassettes are being taken	2 3 4 5 6 7 8 9 10 11 12	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous solution and so forth. It cycles.
2 3 4 5 6 7 8 9 10 11 12 13 14	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.  And then the cassettes are being taken out, and then tissue is put in the cassettes for	2 3 4 5 6 7 8 9 10 11 12 13 14	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous solution and so forth. It cycles.  Q. How many cycles are involved with the
2 3 4 5 6 7 8 9 10 11 12 13 14 15	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.  And then the cassettes are being taken out, and then tissue is put in the cassettes for paraffin blocks. Not in the cassettes, in the	2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous solution and so forth. It cycles.  Q. How many cycles are involved with the circulation of formalin?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.  And then the cassettes are being taken out, and then tissue is put in the cassettes for paraffin blocks. Not in the cassettes, in the bowls, the paraffin blocks. It's a routine	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous solution and so forth. It cycles.  Q. How many cycles are involved with the circulation of formalin?  A. I think at least three. It's standard
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.  And then the cassettes are being taken out, and then tissue is put in the cassettes for paraffin blocks. Not in the cassettes, in the bowls, the paraffin blocks. It's a routine protocol that's been in use for over 100 years.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous solution and so forth. It cycles.  Q. How many cycles are involved with the circulation of formalin?  A. I think at least three. It's standard operating procedures.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.  And then the cassettes are being taken out, and then tissue is put in the cassettes for paraffin blocks. Not in the cassettes, in the bowls, the paraffin blocks. It's a routine protocol that's been in use for over 100 years.  Q. Do you have a written protocol for how	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous solution and so forth. It cycles.  Q. How many cycles are involved with the circulation of formalin?  A. I think at least three. It's standard operating procedures.  Q. Do you know how long this at least
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.  And then the cassettes are being taken out, and then tissue is put in the cassettes for paraffin blocks. Not in the cassettes, in the bowls, the paraffin blocks. It's a routine protocol that's been in use for over 100 years.  Q. Do you have a written protocol for how Mrs. Edwards' mesh was processed and dehydrated?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous solution and so forth. It cycles.  Q. How many cycles are involved with the circulation of formalin?  A. I think at least three. It's standard operating procedures.  Q. Do you know how long this at least three cycles took for the circulation of the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.  And then the cassettes are being taken out, and then tissue is put in the cassettes for paraffin blocks. Not in the cassettes, in the bowls, the paraffin blocks. It's a routine protocol that's been in use for over 100 years.  Q. Do you have a written protocol for how Mrs. Edwards' mesh was processed and dehydrated?  A. There is a standard operating	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous solution and so forth. It cycles.  Q. How many cycles are involved with the circulation of formalin?  A. I think at least three. It's standard operating procedures.  Q. Do you know how long this at least three cycles took for the circulation of the formalin of Mrs. Edwards' explant?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.  And then the cassettes are being taken out, and then tissue is put in the cassettes for paraffin blocks. Not in the cassettes, in the bowls, the paraffin blocks. It's a routine protocol that's been in use for over 100 years.  Q. Do you have a written protocol for how Mrs. Edwards' mesh was processed and dehydrated?  A. There is a standard operating procedure. It was done by standard operating	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous solution and so forth. It cycles.  Q. How many cycles are involved with the circulation of formalin?  A. I think at least three. It's standard operating procedures.  Q. Do you know how long this at least three cycles took for the circulation of the formalin of Mrs. Edwards' explant?  A. This process can be interrupted. It
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.  And then the cassettes are being taken out, and then tissue is put in the cassettes for paraffin blocks. Not in the cassettes, in the bowls, the paraffin blocks. It's a routine protocol that's been in use for over 100 years.  Q. Do you have a written protocol for how Mrs. Edwards' mesh was processed and dehydrated?  A. There is a standard operating procedure. It was done by standard operating procedure. Not just Mrs. Edwards specimen, any	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers. And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous solution and so forth. It cycles.  Q. How many cycles are involved with the circulation of formalin?  A. I think at least three. It's standard operating procedures.  Q. Do you know how long this at least three cycles took for the circulation of the formalin of Mrs. Edwards' explant?  A. This process can be interrupted. It can be anywhere from 72 hours to two hours. If
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.  And then the cassettes are being taken out, and then tissue is put in the cassettes for paraffin blocks. Not in the cassettes, in the bowls, the paraffin blocks. It's a routine protocol that's been in use for over 100 years.  Q. Do you have a written protocol for how Mrs. Edwards' mesh was processed and dehydrated?  A. There is a standard operating procedure. It was done by standard operating procedure. Not just Mrs. Edwards specimen, any specimen is processed by these procedures.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous solution and so forth. It cycles.  Q. How many cycles are involved with the circulation of formalin?  A. I think at least three. It's standard operating procedures.  Q. Do you know how long this at least three cycles took for the circulation of the formalin of Mrs. Edwards' explant?  A. This process can be interrupted. It can be anywhere from 72 hours to two hours. If the specimens are loaded Friday, they remain in
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.  And then the cassettes are being taken out, and then tissue is put in the cassettes for paraffin blocks. Not in the cassettes, in the bowls, the paraffin blocks. It's a routine protocol that's been in use for over 100 years.  Q. Do you have a written protocol for how Mrs. Edwards' mesh was processed and dehydrated?  A. There is a standard operating procedure. It was done by standard operating procedure. Not just Mrs. Edwards specimen, any specimen is processed by these procedures.  Q. All of the litigation transvaginal	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous solution and so forth. It cycles.  Q. How many cycles are involved with the circulation of formalin?  A. I think at least three. It's standard operating procedures.  Q. Do you know how long this at least three cycles took for the circulation of the formalin of Mrs. Edwards' explant?  A. This process can be interrupted. It can be anywhere from 72 hours to two hours. If the specimens are loaded Friday, they remain in formalin up until evening/afternoon of Sunday,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	first formalin circulates in the machine, then this formalin is being replaced by solution of an alcohol, gradually becomes 100 percent alcohol. The alcohol is a soluble substance, but is not exactly water. So at that stage the specimen tissue becomes dehydrated, but still immersed in fluid. And then alcohol is being replaced by xylene again in several solutions, because xylene is a solvent for paraffin. Then when tissue is fully saturated by xylene, paraffin can saturate it together with xylene.  And then the cassettes are being taken out, and then tissue is put in the cassettes for paraffin blocks. Not in the cassettes, in the bowls, the paraffin blocks. It's a routine protocol that's been in use for over 100 years.  Q. Do you have a written protocol for how Mrs. Edwards' mesh was processed and dehydrated?  A. There is a standard operating procedure. It was done by standard operating procedure. Not just Mrs. Edwards specimen, any specimen is processed by these procedures.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Xylene is a pure substance. It's not dissolved in any other substance. It may have traces of something, some other solvents, but  Q. You said that the explant was submitted to or strike that.  You said the explant was subjected to several circulations of formalin?  A. Yes. Or solutions, or containers.  And the machine takes fluid from the container and circulates within to wash all the specimens, and then the fluid is being collected back, and then the container is used to replace previous solution and so forth. It cycles.  Q. How many cycles are involved with the circulation of formalin?  A. I think at least three. It's standard operating procedures.  Q. Do you know how long this at least three cycles took for the circulation of the formalin of Mrs. Edwards' explant?  A. This process can be interrupted. It can be anywhere from 72 hours to two hours. If the specimens are loaded Friday, they remain in

1 Q. The exposure to the alcohol strike that. 2 that. 3 The explant is exposed to different concentrations of alcohol as you testified to, correct? 5 A. Yes. 6 A. Yes. 7 Q. Are those done in different cycles as well? 9 A. The alcohol steps follow formalin, so there are several solutions. First it will be 10 lower concentration of alcohol, I think 11 lower concentration of alcohol, I think 12 75 percent, then next solution becomes 85 or 80, and then 90, 95, and then 100 percent. So it's increasing concentration. I don't remember exactly how many, but it will be increasing concentration up to 100 percent pure alcohol. 17 Q. Do you know for how long Mrs. Edwards' mesh explant was exposed to the different alcohol concentrations? 2 A. No. I would have to check with the 2 procedures. 4 Q. And then the alcohol was replaced by 2 xylene. So then all is being washed by se there's a mixture, a little bit of alcohol at there's a mixture, all title bit of alcohol at there's a mixture, all thenes his process of a wylene. A there is much less traces of al	veral container nrough d then , more n the gain, so d there ned . So that ly all
The explant is exposed to different concentrations of alcohol as you testified to, correct?  A. Yes.  Q. Are those done in different cycles as well?  A. The alcohol steps follow formalin, so there are several solutions. First it will be lower concentration of alcohol, I think lower concentration. I don't remember exactly how many, but it will be increasing concentration. I don't remember exactly how many, but it will be increasing concentration up to 100 percent pure alcohol.  Q. Do you know for how long Mrs. Edwards' mesh explant was exposed to the different alcohol concentrations?  A. No. I would have to check with the procedures.  Q. And then the alcohol was replaced by xylene, which is a solvent, as you testified to,  Page 203  Page 203  Page 204  A. Yes.  A. The same way. I mean contained within cassettes, and fluid circulates through baskets filled with these cassettes from different specimens. The machine is loaded by anywhere between 20 to 100 of cassettes from different specimens. The machine is loaded by anywhere between 20 to 100 of cassettes from different specimens. The machine is loaded by anywhere between 20 to 100 of cassettes from different specimens. The machine is loaded by anywhere specimens. The machine is loaded by anywhere specimens. The machine is loaded by anywhere between 20 to 100 of cassettes from different specimens. The machine is loaded by anywhere specimens. The machine during this process.	container nrough d then , more n the gain, so d there ned . So that ly all
4 concentrations of alcohol as you testified to, 5 correct? 6 A. Yes. 7 Q. Are those done in different cycles as 8 well? 9 A. The alcohol steps follow formalin, so 10 there are several solutions. First it will be 11 lower concentration of alcohol, I think 12 75 percent, then next solution becomes 85 or 80, 13 and then 90, 95, and then 100 percent. So it's 14 increasing concentration. I don't remember 15 exactly how many, but it will be increasing 16 concentration up to 100 percent pure alcohol. 17 Q. Do you know for how long the strike 18 that. 19 Do you know for how long Mrs. Edwards' 20 mesh explant was exposed to the different 21 alcohol concentrations? 22 A. No. I would have to check with the 23 procedures. 24 Q. And then the alcohol was replaced by 25 xylene, which is a solvent, as you testified to, 26 Yes. 3 Q. And how is the mesh explant exposed to 4 xylene? 4 A. Yes. 5 yecimens, it absorbs some alcohol a there's a mixture, a little bit of alcohol where is much less traces of alcohol are more xylene. And then this is dra again, and then a new solution is used again, and then an enew solution is u	nrough d then , more n the gain, so d there ned . So that ly all
5 correct? 6 A. Yes. 7 Q. Are those done in different cycles as 8 well? 9 A. The alcohol steps follow formalin, so 10 there are several solutions. First it will be 11 lower concentration of alcohol, I think 12 75 percent, then next solution becomes 85 or 80, 13 and then 90, 95, and then 100 percent. So it's 14 increasing concentration. I don't remember 15 exactly how many, but it will be increasing 16 concentration up to 100 percent pure alcohol. 17 Q. Do you know for how long the strike 18 that. 19 Do you know for how long Mrs. Edwards' 20 mesh explant was exposed to the different 21 alcohol concentrations? 22 A. No. I would have to check with the 23 procedures. 24 Q. And then the alcohol was replaced by 25 xylene, which is a solvent, as you testified to, 26 A. Yes. 3 Q. And how is the mesh explant exposed to 3 Xylene? 4 A. The same way. I mean contained within 6 cassettes, and fluid circulates through baskets 7 filled with these cassettes from different 8 specimens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different 9 septemens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different 9 septemens. The machine is loaded by anywhere 18 there is much less trained at there's a mixture, a little bit of alcohol arrivation, and there is a list step, used there's a mixture, a little bit of alcohol are mixture, and there is a list step, used there's a mixture, al there's a mixture, al there's xylene, and then all is drained, and then he list step is practice at there is much less traces of alcohol are more xylene. And then this is drained, and there is much less traces of alcohol are more xylene. And then this is drained, and there is much less traces of alcohol are more xylene. And then this is drained, and there is much less traces of alcohol are more xylene. And then this is drained, and there is much less traces of alcohol are more xylene. And then this is drained, and then the alsohol are more xylene. And then this is drained, and then the past traces of	d then , more n the gain, so d there ned . So that ly all
6 A. Yes. 7 Q. Are those done in different cycles as 8 well? 9 A. The alcohol steps follow formalin, so 10 there are several solutions. First it will be 11 lower concentration of alcohol, I think 12 75 percent, then next solution becomes 85 or 80, 13 and then 90, 95, and then 100 percent. So it's 14 increasing concentration. I don't remember 15 exactly how many, but it will be increasing 16 concentration up to 100 percent pure alcohol. 17 Q. Do you know for how long the strike 18 that. 19 Do you know for how long Mrs. Edwards' 10 mesh explant was exposed to the different 21 alcohol concentrations? 22 A. No. I would have to check with the 23 procedures. 24 Q. And then the alcohol was replaced by 25 xylene, which is a solvent, as you testified to, 2 A. Yes. 3 Q. And how is the mesh explant exposed to 2 A. Yes. 4 Yes. 5 A. The same way. I mean contained within 6 cassettes, and fluid circulates through baskets 7 filled with these cassettes from different 8 specimens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different 9 there is much less trained, and the whole machine is diffeled with resets and thus denoted is whole machine. In the reis much less trained is process. 9 there is much less traces of alcohol are there is much less traces of alcohol are there is much less traces of alcohol are more xylene. And then this is dre there is much less traces of alcohol. 10 are more xylene. And then this is dre there is much less traces of alcohol. 11 Q. So the xylene helps remove the alcohol. 12 A. Yes. It removes alcohol. 13 A. Yes. It removes alcohol. 14 A. Replaces it. 19 Q. And as the cassette, Mrs. Edwards' 19 Q. And as the cassette, Mrs. Edwards' 20 and procedures. 21 more xylene, the alcohol goes away, end you're left with pretty much pure alcohol solutions, the xylene exposure, for Mrs. Edwards' mesh? 24 A. Yes. 25 Q. And how is the mesh explant exposed to a circulation of the formalin to alcohol solutions, the xylene exposure, for Mrs. Edwards' mesh? 24 A. The same way. I mean conta	, more n the gain, so d there ned . So that ly all
7 Q. Are those done in different cycles as well? 8 well? 9 A. The alcohol steps follow formalin, so 10 there are several solutions. First it will be 11 lower concentration of alcohol, I think 12 75 percent, then next solution becomes 85 or 80, 13 and then 90, 95, and then 100 percent. So it's 14 increasing concentration. I don't remember 15 exactly how many, but it will be increasing 16 concentration up to 100 percent pure alcohol. 17 Q. Do you know for how long the strike 18 that. 19 Do you know for how long Mrs. Edwards' 20 mesh explant was exposed to the different 21 alcohol concentrations? 22 A. No. I would have to check with the 23 procedures. 24 Q. And then the alcohol was replaced by 25 xylene, which is a solvent, as you testified to, 2 Page 203  1 correct? 2 A. Yes. 3 Q. And how is the mesh explant exposed to 4 xylene? 4 Xles. 5 A. The same way. I mean contained within 6 cassettes, and fluid circulates through baskets 7 filled with these cassettes from different 8 specimens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different 9 within that machine during this process  24 Q. Are there certain temperature of within that machine during this process  25 Q. Are there certain temperature of within that machine during this process  26 Q. Are there certain temperature of within that machine during this process	n the gain, so d there ned . So that ly all
well?  A. The alcohol steps follow formalin, so  there are several solutions. First it will be  lower concentration of alcohol, I think  11 lower concentration of alcohol, I think  12 75 percent, then next solution becomes 85 or 80,  13 and then 90, 95, and then 100 percent. So it's  increasing concentration. I don't remember  texactly how many, but it will be increasing  concentration up to 100 percent pure alcohol.  Q. Do you know for how long the strike  that.  Do you know for how long Mrs. Edwards'  mesh explant was exposed to the different  alcohol concentrations?  A. No. I would have to check with the  procedures.  Q. And then the alcohol was replaced by  xylene, which is a solvent, as you testified to,  Page 203  Page 203  Lorrect?  A. Yes.  Q. And how is the mesh explant exposed to  xylene?  A. The same way. I mean contained within  cassettes, and fluid circulates through baskets  filled with these cassettes from different  specimens. The machine is loaded by anywhere  between 20 to 100 of cassettes from different  such page 20 to 100 of cassettes from different  such page 20 to 100 of cassettes from different  who have is filled with they are there is much less traces of alcohol are more xylene. And then this is draw are more xylene. And then the new solution is used are more xylene, which is a whole machine. In the cycle is all done in one machine. In the cycle is all done in one machine.  Q. And that's a machine inside you within that machine during this process.	gain, so d there ned . So that ly all
there are several solutions. First it will be there are several solutions. First it will be lower concentration of alcohol, I think to proceed the procedures.  A. The alcohol steps follow formalin, so there are several solutions. First it will be lower concentration of alcohol, I think to proceed the procedures. The procedures.  Page 203  A. The alcohol steps follow formalin, so there are several solutions. First it will be are more xylene. And then this is dra again, and then a new solution is used last step, usually third step is practical last step, usually third step is pra	d there ned . So that ly all
there are several solutions. First it will be lower concentration of alcohol, I think  11 lower concentration of alcohol, I think  12 75 percent, then next solution becomes 85 or 80, 13 and then 90, 95, and then 100 percent. So it's 14 increasing concentration. I don't remember 15 exactly how many, but it will be increasing 16 concentration up to 100 percent pure alcohol. 17 Q. Do you know for how long the strike 18 that. 19 Do you know for how long Mrs. Edwards' 19 Do you know for how long Mrs. Edwards' 20 mesh explant was exposed to the different 21 alcohol concentrations? 22 A. No. I would have to check with the 23 procedures. 24 Q. And then the alcohol was replaced by 25 xylene, which is a solvent, as you testified to,  Page 203  1 correct? 2 A. Yes. 3 Q. And how is the mesh explant exposed to 4 xylene? 4 X. The same way. I mean contained within 6 cassettes, and fluid circulates through baskets 7 filled with these cassettes from different 8 specimens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different 9 within that machine during this process  10 again, and then a new solution is used last step, usually third step is practice again, and then a new solution is used last step, usually third step is practice again, and then a new solution is used last step, usually third step is practice again, and then a new solution is used last step, usually third step is practice again, and then a new solution is used last step, usually third step is practice and then a new solution is used last step, usually third step is practice and then the last step, usually third step is practice and then the sea sestete, Mrs. Edwards'  10 A. Yes.  21 circulation of the formalin to alcohol solutions, the xylene exposure, for Mrs. Edwards' mesh?  22 A. The same way. I mean contained within the cassettes, and fluid circulates through baskets filled with these cassettes from different process.  23 A. The same way. I mean contained within the cycle is all done in one machine. If the cycle is all done in	ned . So that ly all
lower concentration of alcohol, I think  12 75 percent, then next solution becomes 85 or 80, 13 and then 90, 95, and then 100 percent. So it's 14 increasing concentration. I don't remember 15 exactly how many, but it will be increasing 16 concentration up to 100 percent pure alcohol. 17 Q. Do you know for how long the strike 18 that. 19 Do you know for how long Mrs. Edwards' 10 mesh explant was exposed to the different 21 alcohol concentrations? 22 A. No. I would have to check with the 23 procedures. 24 Q. And then the alcohol was replaced by 25 xylene, which is a solvent, as you testified to,  Page 203  1 correct? 2 A. Yes. 3 Q. And how is the mesh explant exposed to 4 xylene? 4 Xylene? 5 A. The same way. I mean contained within 6 cassettes, and fluid circulates through baskets 7 filled with these cassettes from different 8 specimens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different  10 again, and then a new solution is used last step, usually third step is practica just xylene without traces of alcohol. 12 last step, usually third step is practica just xylene without traces of alcohol. 2	. So that ly all
12 75 percent, then next solution becomes 85 or 80, 13 and then 90, 95, and then 100 percent. So it's 14 increasing concentration. I don't remember 15 exactly how many, but it will be increasing 16 concentration up to 100 percent pure alcohol. 17 Q. Do you know for how long the strike 18 that. 19 Do you know for how long Mrs. Edwards' 20 mesh explant was exposed to the different 21 alcohol concentrations? 22 A. No. I would have to check with the 23 procedures. 24 Q. And then the alcohol was replaced by 25 xylene, which is a solvent, as you testified to,  Page 203  1 correct? 2 A. Yes. 3 Q. And how is the mesh explant exposed to 4 xylene? 4 X The same way. I mean contained within 6 cassettes, and fluid circulates through baskets 7 filled with these cassettes from different 8 specimens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different 9 last step, usually third step is practica just xylene without traces of alcohol. 13 just xylene without traces of alcohol. 20 just xylene without traces of alcohol. 20 So the xylene helps remove the alcohol? A. Yes. It removes alcohol. A. Replaces it. A. It alcohol goes away, A. Yes. A.	ly all
and then 90, 95, and then 100 percent. So it's increasing concentration. I don't remember exactly how many, but it will be increasing concentration up to 100 percent pure alcohol.  Concentration up to 100 percent pure alcohol.  Do you know for how long the strike that.  Do you know for how long Mrs. Edwards' possible that alcohol concentrations?  A. No. I would have to check with the procedures.  A. No. I would have to check with the procedures.  A. No. I would have to check with the procedures.  A. Yes.  A. It's all done in one machine. In the cycle is all done in one machine. In cassettes, and fluid circulates through baskets filled with these cassettes from different specimens. The machine is loaded by anywhere between 20 to 100 of cassettes from different side within that machine during this process within that machine during this process within that machine during this process within that machine during this process.	
increasing concentration. I don't remember  exactly how many, but it will be increasing  concentration up to 100 percent pure alcohol.  Q. Do you know for how long the strike  that.  Do you know for how long Mrs. Edwards'  mesh explant was exposed to the different  alcohol concentrations?  A. No. I would have to check with the  procedures.  Q. And then the alcohol was replaced by  xylene, which is a solvent, as you testified to,  Page 203  correct?  A. Yes.  Page 203  Page 203  A. Yes.  A. It's all done in one machine. In the cycle is all done in one machine. In the cycle is all done in one machine.  Cassettes, and fluid circulates through baskets  filled with these cassettes from different  between 20 to 100 of cassettes from different  processing  1. Q. So the xylene helps remove the alcohol?  A. Yes. It removes alcohol.  A. Yes. It removes alcohol.  A. Yes. It removes alcohol.  A. Yes. A. Replaces it.  Q. Okay.  A. Replaces it.  Q. And as the cassette, Mrs. Edwards' mes exposed to more xylene, the alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure alcohol goes away, end you're left with pretty much pure a	;
15 exactly how many, but it will be increasing 16 concentration up to 100 percent pure alcohol. 17 Q. Do you know for how long the strike 18 that. 19 Do you know for how long Mrs. Edwards' 20 mesh explant was exposed to the different 21 alcohol concentrations? 22 A. No. I would have to check with the 23 procedures. 24 Q. And then the alcohol was replaced by 25 xylene, which is a solvent, as you testified to, 26 A. Yes. 27 Q. And how is the mesh explant exposed to 28 A. Yes. 29 A. Yes. 20 And how is the mesh explant exposed to 29 A. Yes. 20 And how is the mesh explant exposed to 20 A. Yes. 21 circulation of the formalin to alcohol solutions, the xylene exposure, for 25 A. Yes. 26 A. Yes. 27 A. The same way. I mean contained within cassettes, and fluid circulates through baskets 28 G. And that's a machine inside you filled with these cassettes from different 39 Percentage of the cassettes from different 40 A. Yes. 41 Cannot have a solution of the formalin to alcohol solutions, the xylene exposure, for 41 A. It's all done in one machine. In the cycle is all done in one machine. In the c	•
16 concentration up to 100 percent pure alcohol. 17 Q. Do you know for how long the strike 18 that. 19 Do you know for how long Mrs. Edwards' 20 mesh explant was exposed to the different 21 alcohol concentrations? 22 A. No. I would have to check with the 23 procedures. 24 Q. And then the alcohol was replaced by 25 xylene, which is a solvent, as you testified to, 26 A. Yes. 27 A. Yes. 28 A. Yes. 29 A. Yes. 20 And how is the mesh explant exposed to 20 cassette tissue specimen is exposed to 21 more xylene, the alcohol goes away, 22 end you're left with pretty much pure 23 procedures. 24 Q. Is a single machine used for the process we've described of going three 29 circulation of the formalin to alcohol 20 a. Yes. 21 circulation of the formalin to alcohol 22 a. Yes. 23 A. Yes. 24 Q. Is a single machine used for the process we've described of going three 25 solutions, the xylene exposure, for 26 a. Yes. 27 a. Yes. 28 a. Yes. 29 a. Yes. 30 A. He same way. I mean contained within 40 a. Yes. 41 a. It's all done in one machine. In the cycle is all done in one machine. 41 a. Yes. 42 a. Yes. 43 A. It's all done in one machine. 44 a. Yes. 45 a. Yes. 46 A. Yes. 47 a. Yes. 48 a. Yes. 49 A. Yes. 40 C. Jeretr's and fluid circulates through baskets 40 A. It's all done in one machine. 41 a. Yes. 42 A. Yes. 43 A. Yes. 44 A. It's all done in one machine. 45 A. Yes. 46 Q. And that's a machine inside you are there certain temperature of the cycle is all done in one machine. 40 A. Yes. 41 A. Yes. 42 A. Yes. 43 A. Yes. 44 A. It's all done in one machine. 45 A. Yes. 46 Q. And that's a machine inside you are there certain temperature of the cycle is all done in one machine. 47 A. Yes. 48 A. Yes.	
17 Q. Do you know for how long the strike 18 that. 19 Do you know for how long Mrs. Edwards' 20 mesh explant was exposed to the different 21 alcohol concentrations? 22 A. No. I would have to check with the 23 procedures. 24 Q. And then the alcohol was replaced by 25 xylene, which is a solvent, as you testified to, 26 A. Yes. 27 Yes. 28 Q. And how is the mesh explant exposed to 3 Q. And how is the mesh explant exposed to 4 xylene? 4 xylene? 5 A. The same way. I mean contained within 6 cassettes, and fluid circulates through baskets 7 filled with these cassettes from different 8 specimens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different 9 vithin that machine during this process  1 Q. And as the cassette, Mrs. Edwards' 20 And as the cassette, Mrs. Edwards' 20 And as the cassette, Mrs. Edwards' 21 Q. And as the cassette, Mrs. Edwards' 22 cassette tissue specimen is exposed to 23 A. Yes. 24 Q. Is a single machine used for the process we've described of going three cassettes of going three cassettes from different 25 A. The same way. I mean contained within 26 Cassettes, and fluid circulates through baskets 27 filled with these cassettes from different 28 Q. Are there certain temperature contained within that machine during this process	
17 Q. Do you know for how long the strike 18 that. 19 Do you know for how long Mrs. Edwards' 20 mesh explant was exposed to the different 21 alcohol concentrations? 22 A. No. I would have to check with the 23 procedures. 24 Q. And then the alcohol was replaced by 25 xylene, which is a solvent, as you testified to, 26 A. Yes. 27 Yes. 28 Q. And how is the mesh explant exposed to 3 Q. And how is the mesh explant exposed to 4 xylene? 4 xylene? 5 A. The same way. I mean contained within 6 cassettes, and fluid circulates through baskets 7 filled with these cassettes from different 8 specimens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different 9 vithin that machine during this process  1 Q. And as the cassette, Mrs. Edwards' 20 And as the cassette, Mrs. Edwards' 20 And as the cassette, Mrs. Edwards' 21 Q. And as the cassette, Mrs. Edwards' 22 cassette tissue specimen is exposed to 23 A. Yes. 24 Q. Is a single machine used for the process we've described of going three cassettes of going three cassettes from different 25 A. The same way. I mean contained within 26 Cassettes, and fluid circulates through baskets 27 filled with these cassettes from different 28 Q. Are there certain temperature contained within that machine during this process	
that.  18	
mesh explant was exposed to the different alcohol concentrations?  A. No. I would have to check with the procedures.  Q. And then the alcohol was replaced by xylene, which is a solvent, as you testified to,  Page 203  1 correct?  A. Yes.  Q. And how is the mesh explant exposed to xylene?  A. The same way. I mean contained within cassettes, and fluid circulates through baskets filled with these cassettes from different  Read of the different or cassettes from different  process we've described of going through the cassettes from different  process we've described of going through the cassettes from different  process we've described of going through the cassettes from different  process we've described of going through the cassette is a sequence of the formal in to alcohol as solutions, the xylene exposure, for  Mrs. Edwards' mesh?  A. It's all done in one machine. In the cycle is all done in one machine.  Q. And that's a machine inside you are the certain temperature of the cycle is all done in one machine.  Q. Are there certain temperature of the formal in the cycle is all done in one machine.  Q. Are there certain temperature of the formal in the cycle is all done in one machine.  Q. Are there certain temperature of the formal in the cycle is all done in one machine.  Q. Are there certain temperature of the formal in the cycle is all done in one machine.  Q. Are there certain temperature of the formal in the cycle is all done in one machine.  Q. Are there certain temperature of the formal in the cycle is all done in one machine.  Q. Are there certain temperature of the formal in the cycle is all done in one machine.  Q. Are there certain temperature of the formal in the cycle is all done in one machine.  Q. Are there certain temperature of the formal in the cycle is all done in one machine.  Q. Are there certain temperature of the formal in the cycle is all done in one machine.	
21 alcohol concentrations? 22 A. No. I would have to check with the 23 procedures. 24 Q. And then the alcohol was replaced by 25 xylene, which is a solvent, as you testified to,  Page 203  1 correct? 2 solutions, the xylene exposure, for 3 Q. And how is the mesh explant exposed to 4 xylene? 4 xylene? 5 A. The same way. I mean contained within 6 cassettes, and fluid circulates through baskets 7 filled with these cassettes from different 8 specimens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different 2 a. Yes. 2 more xylene, the alcohol goes away, end you're left with pretty much pure 22 end you're left with pretty much pure 23 A. Yes. 24 Q. Is a single machine used for the process we've described of going through the single process we've described of going through the single process we've described of going through the same used for the process we've described of going through the single process we've described of going through the same used for the process we've described of going through the same used for the process we've described of going through the same used for the process we've described of going through the same used for the process we've described of going through the same used for the process we've described of going through the same used for the process we've described of going through the same used for the process we've described of going through the same used for the process we've described of going through the process we've described of	ırds'
A. No. I would have to check with the procedures.  Q. And then the alcohol was replaced by xylene, which is a solvent, as you testified to,  Page 203  1 correct?  Q. And how is the mesh explant exposed to xylene?  A. The same way. I mean contained within cassettes, and fluid circulates through baskets filled with these cassettes from different flowed and the formulation of the formal in to alcohol and the cassettes from different flowed between 20 to 100 of cassettes from different flowed by the following this process within that machine during this process.	more and
A. No. I would have to check with the procedures.  Q. And then the alcohol was replaced by xylene, which is a solvent, as you testified to,  Page 203  1 correct?  Q. And how is the mesh explant exposed to xylene?  A. The same way. I mean contained within cassettes, and fluid circulates through baskets filled with these cassettes from different flowed and the process we've described of going through the process we've descri	nd at the
Q. And then the alcohol was replaced by xylene, which is a solvent, as you testified to,  Page 203  1 correct?  A. Yes.  Q. And how is the mesh explant exposed to xylene?  A. The same way. I mean contained within cassettes, and fluid circulates through baskets filled with these cassettes from different specimens. The machine is loaded by anywhere between 20 to 100 of cassettes from different sylene as solvent, as you testified to, 25 process we've described of going through process we've described of going through the process we've described of going the process we've described of going the process	
25 xylene, which is a solvent, as you testified to,  Page 203  1 correct?  A. Yes.  Q. And how is the mesh explant exposed to 4 xylene?  A. The same way. I mean contained within 5 cassettes, and fluid circulates through baskets 6 cassettes, and fluid circulates through baskets 7 filled with these cassettes from different 8 specimens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different 9 process we've described of going through through the circulation of the formalin to alcohol 2 circulation of the formalin to alcohol 3 Mrs. Edwards' mesh? 4 A. It's all done in one machine. In the cycle is all done in one machine. 6 Q. And that's a machine inside you 7 A. Yes. 8 Q. Are there certain temperature or 9 between 20 to 100 of cassettes from different 9 within that machine during this process	
Page 203  1 correct?  A. Yes.  Q. And how is the mesh explant exposed to xylene?  A. The same way. I mean contained within cassettes, and fluid circulates through baskets filled with these cassettes from different specimens. The machine is loaded by anywhere between 20 to 100 of cassettes from different within the current specimens. The machine is loaded by anywhere between 20 to 100 of cassettes from different within that machine during this process.	is
Page 203  1 correct? 1 circulation of the formalin to alcohol 2 A. Yes. 3 Q. And how is the mesh explant exposed to 4 xylene? 5 A. The same way. I mean contained within 6 cassettes, and fluid circulates through baskets 7 filled with these cassettes from different 8 specimens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different 9 within that machine during this process	
A. Yes.  Q. And how is the mesh explant exposed to xylene?  A. The same way. I mean contained within cassettes, and fluid circulates through baskets filled with these cassettes from different specimens. The machine is loaded by anywhere between 20 to 100 of cassettes from different  you solutions, the xylene exposure, for Mrs. Edwards' mesh? A. It's all done in one machine. the cycle is all done in one machine. Q. And that's a machine inside you A. Yes. Q. Are there certain temperature of within that machine during this process	ge 205
Q. And how is the mesh explant exposed to xylene?  A. The same way. I mean contained within cassettes, and fluid circulates through baskets filled with these cassettes from different specimens. The machine is loaded by anywhere between 20 to 100 of cassettes from different within that machine during this process	
Q. And how is the mesh explant exposed to xylene?  A. The same way. I mean contained within cassettes, and fluid circulates through baskets filled with these cassettes from different specimens. The machine is loaded by anywhere between 20 to 100 of cassettes from different within that machine during this process	
xylene?  A. The same way. I mean contained within  Cassettes, and fluid circulates through baskets  filled with these cassettes from different  specimens. The machine is loaded by anywhere  between 20 to 100 of cassettes from different  A. It's all done in one machine. In the cycle is all done in one machine.  Q. And that's a machine inside you  A. Yes.  Q. Are there certain temperature or  within that machine during this process	
6 cassettes, and fluid circulates through baskets 7 filled with these cassettes from different 8 specimens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different 9 within that machine during this process	ean
6 cassettes, and fluid circulates through baskets 7 filled with these cassettes from different 8 specimens. The machine is loaded by anywhere 9 between 20 to 100 of cassettes from different 9 within that machine during this process	
filled with these cassettes from different specimens. The machine is loaded by anywhere between 20 to 100 of cassettes from different  7 A. Yes. Q. Are there certain temperature of within that machine during this process	lab?
9 between 20 to 100 of cassettes from different 9 within that machine during this process	
9 between 20 to 100 of cassettes from different 9 within that machine during this process	ntrols
the same time. 11 A. Yes, it's strictly controlled.	
Q. And how long was Mrs. Edwards' explant 12 Q. Do you know what the tempera	ıre
13 exposed to the xylene? 13 control is?	
14 A. I would have to check for standard 14 A. For different stages it's different	
procedures. It's a standard procedure. There 15 and you would have to go through the	
was nothing modified for Ms. Edwards. 16 It's programmed into the machine.	
17 Q. Do you have an understanding about 17 Q. It would be laid out in the stand	
whether it was for minutes, hours, days? 18 operating protocol you described?	rocedure.
19 A. Hours. More hours than days or 19 A. Yes. Or a manual for the mach	rocedure.
20 minutes. 20 And I believe it would be the same any	rocedure. rd
21 Q. And the xylene is a pure substance, so 21 the diagnostic labs.	rocedure. rd ne.
22 Mrs. Edwards' explant wasn't submitted to 22 Q. I believe you testified then the	rocedure. rd ne.
23 different solutions of xylene, it was just 23 explant is exposed to paraffin?	rocedure. rd ne.
24 submitted to different cycles of xylene? 24 A. Yes.	rocedure. rd ne.
25 A. See, when the alcohol is being 25 Q. Is xylene still on the explant wh	rocedure. rd ne.
	rd ne. where in

52 (Pages 202 to 205)

	Page 206		Page 208
1	it's exposed to paraffin?	1	Q. And that exposure to the cooling can
2	A. There might be some traces, because	2	differ, depending upon the level at which it's
3	xylene is a solvent for paraffin, so xylene can	3	in this machine?
4	dissolve paraffin. When it's fully saturated	4	A. No. The time when the technologist
5	with xylene, then you can saturate it with	5	just because they are sitting in paraffin when
6	paraffin, because paraffin is being dissolved by	6	the technologist is working. So that period is
7	xylene. So you replace it with paraffin.	7	variable for cassettes.
8	Q. Was Mrs. Edwards' explant fully	8	Q. What is the makeup of the paraffin
9	saturated with xylene at the end of the xylene	9	that you use for Mrs. Edwards' mesh?
10	cycles?	10	A. I don't know exact concentration,
11	A. Yes.	11	proportions of paraffins, because some paraffins
12	Q. What was the temperature of the	12	have slightly different physical
13	paraffin that was put onto Mrs. Edwards' mesh	13	characteristics. It's somewhere in the
14	explant?	14	operating procedures. It's a diagnostic grade
15	A. It goes up to melting point of	15	of paraffin.
16	paraffin. I think it might be up to 90 degrees	16	Q. Okay. Do you know where your hospital
17	centigrade.	17	would have gotten the paraffin from that was
18	Q. So the paraffin that was put onto	18	used in Mrs. Edwards' explanted mesh?
19	Mrs. Edwards' mesh was at a temperature of up to	19	A. I can check with the record. I mean
20	90 degrees centigrade?	20	every time they buy they have record.
21	A. Yes.	21	Q. Would it show the one that
22	O. And	22	Mrs. Edwards was exposed to?
23	A. Depends on the paraffin. Some	23	A. We can see what was and where it
24	paraffins need lower melting temperature, they	24	was bought at that time, if there is a record.
25	are have mixed, pre-mixed, so it's a little	25	I mean there should be a record.
	Page 207		Page 209
1	different, it's a little different. But roughly	1	Q. The testing that you did for
2	90 degrees, around that.	2	degradation of Mrs. Edwards' mesh, was that done
3	Q. And how long does the explant stay in	3	after the mesh was put in paraffin?
4	the paraffin until strike that.	4	A. Testing of degradation wasn't just
5	The melted paraffin ultimately sets	5	done on Ms. Edwards', because testing of
6	into a block, correct?	6	degradation and the process with controls
7	A. Yes.	7	analysis comparison with of different
8	Q. How long does it take for	8	specimens. So the specimens which are analyzed
9	Mrs. Edwards' explant to go from being exposed	9	by microscope, they are all going through the
10	to the hot, melted paraffin to a block?	10	same processing steps as we discussed. So
11	A. I don't know. Sometimes it's	11	Ms. Edwards' specimen went through all these
12	variable, so I would have to check with	12	steps, as well as other specimens, as well as
13	procedures. It's not that long. Minutes, I	13	steps, as well as other specimens, as well as controls of new mesh.
13 14	procedures. It's not that long. Minutes, I would say. But again, I would have to check	13 14	steps, as well as other specimens, as well as controls of new mesh.  Q. Let's focus on Mrs. Edwards
13 14 15	procedures. It's not that long. Minutes, I would say. But again, I would have to check with standard operating procedures.	13 14 15	steps, as well as other specimens, as well as controls of new mesh.  Q. Let's focus on Mrs. Edwards specifically, though.
13 14 15 16	procedures. It's not that long. Minutes, I would say. But again, I would have to check with standard operating procedures.  Mostly depends how they imbed them,	13 14 15 16	steps, as well as other specimens, as well as controls of new mesh.  Q. Let's focus on Mrs. Edwards specifically, though.  The degradation analysis you did
13 14 15 16 17	procedures. It's not that long. Minutes, I would say. But again, I would have to check with standard operating procedures.  Mostly depends how they imbed them, because they are sitting in this liquified	13 14 15	steps, as well as other specimens, as well as controls of new mesh.  Q. Let's focus on Mrs. Edwards specifically, though.  The degradation analysis you did regarding Mrs. Edwards' mesh was an analysis
13 14 15 16 17	procedures. It's not that long. Minutes, I would say. But again, I would have to check with standard operating procedures.  Mostly depends how they imbed them, because they are sitting in this liquified paraffin, and technology is imbedded. So if	13 14 15 16	steps, as well as other specimens, as well as controls of new mesh.  Q. Let's focus on Mrs. Edwards specifically, though.  The degradation analysis you did regarding Mrs. Edwards' mesh was an analysis done with microscope, correct?
13 14 15 16 17 18	procedures. It's not that long. Minutes, I would say. But again, I would have to check with standard operating procedures.  Mostly depends how they imbed them, because they are sitting in this liquified paraffin, and technology is imbedded. So if it's the first cassette, it will take many	13 14 15 16 17 18 19	steps, as well as other specimens, as well as controls of new mesh.  Q. Let's focus on Mrs. Edwards specifically, though.  The degradation analysis you did regarding Mrs. Edwards' mesh was an analysis done with microscope, correct?  A. I detected. It wasn't analysis.
13 14 15 16 17	procedures. It's not that long. Minutes, I would say. But again, I would have to check with standard operating procedures.  Mostly depends how they imbed them, because they are sitting in this liquified paraffin, and technology is imbedded. So if it's the first cassette, it will take many minutes. But if it's a cassette on bottom, it	13 14 15 16 17 18 19 20	steps, as well as other specimens, as well as controls of new mesh.  Q. Let's focus on Mrs. Edwards specifically, though.  The degradation analysis you did regarding Mrs. Edwards' mesh was an analysis done with microscope, correct?  A. I detected. It wasn't analysis.  Analysis of degradation process was not done on
13 14 15 16 17 18 19 20 21	procedures. It's not that long. Minutes, I would say. But again, I would have to check with standard operating procedures.  Mostly depends how they imbed them, because they are sitting in this liquified paraffin, and technology is imbedded. So if it's the first cassette, it will take many minutes. But if it's a cassette on bottom, it may take more than an hour.	13 14 15 16 17 18 19 20 21	steps, as well as other specimens, as well as controls of new mesh.  Q. Let's focus on Mrs. Edwards specifically, though.  The degradation analysis you did regarding Mrs. Edwards' mesh was an analysis done with microscope, correct?  A. I detected. It wasn't analysis.  Analysis of degradation process was not done on one patient. So to make conclusion of the
13 14 15 16 17 18 19	procedures. It's not that long. Minutes, I would say. But again, I would have to check with standard operating procedures.  Mostly depends how they imbed them, because they are sitting in this liquified paraffin, and technology is imbedded. So if it's the first cassette, it will take many minutes. But if it's a cassette on bottom, it	13 14 15 16 17 18 19 20	steps, as well as other specimens, as well as controls of new mesh.  Q. Let's focus on Mrs. Edwards specifically, though.  The degradation analysis you did regarding Mrs. Edwards' mesh was an analysis done with microscope, correct?  A. I detected. It wasn't analysis.  Analysis of degradation process was not done on one patient. So to make conclusion of the degradation it needed examination of several
13 14 15 16 17 18 19 20 21	procedures. It's not that long. Minutes, I would say. But again, I would have to check with standard operating procedures.  Mostly depends how they imbed them, because they are sitting in this liquified paraffin, and technology is imbedded. So if it's the first cassette, it will take many minutes. But if it's a cassette on bottom, it may take more than an hour.	13 14 15 16 17 18 19 20 21	steps, as well as other specimens, as well as controls of new mesh.  Q. Let's focus on Mrs. Edwards specifically, though.  The degradation analysis you did regarding Mrs. Edwards' mesh was an analysis done with microscope, correct?  A. I detected. It wasn't analysis.  Analysis of degradation process was not done on one patient. So to make conclusion of the
13 14 15 16 17 18 19 20 21	procedures. It's not that long. Minutes, I would say. But again, I would have to check with standard operating procedures.  Mostly depends how they imbed them, because they are sitting in this liquified paraffin, and technology is imbedded. So if it's the first cassette, it will take many minutes. But if it's a cassette on bottom, it may take more than an hour.  Q. Are they submitted strike that.	13 14 15 16 17 18 19 20 21	steps, as well as other specimens, as well as controls of new mesh.  Q. Let's focus on Mrs. Edwards specifically, though.  The degradation analysis you did regarding Mrs. Edwards' mesh was an analysis done with microscope, correct?  A. I detected. It wasn't analysis.  Analysis of degradation process was not done on one patient. So to make conclusion of the degradation it needed examination of several

	Page 210		Page 212
1	formalin fixation and processing steps.	1	A. No.
2	Q. You said you didn't do degradation	2	Q about the processing?
3	testing, you did	3	A. No.
4	A. Detection.	4	Q. Did you imbed the entire specimens
5	Q detection.	5	received on Mrs. Edwards into the paraffin?
6	Okay. So the degradation detection	6	A. I think so. I would need to go and
7	you did specific to Mrs. Edwards' mesh was done	7	check. Sometimes I preserve, and then most of
8	when you looked through the microscope at her	8	the samples for this litigation were divided in
9	specimens?	9	half once we had protocol that samples need to
10	A. Yes.	10	be divided in half, and one half need to be
11	Q. And that detection, looking through	11	preserved. So I would need to check if for
12	the microscope, was done obviously after the	12	Ms. Edwards we already had that protocol, or we
13	specimen had been first exposed to formalin and	13	didn't have that protocol.
14	then put in paraffin, in the paraffin set,	14	Q. Is this a written protocol, it sounds
15	correct?	15	like, you had?
16	A. Yes. But the way you presenting it is	16	A. It was well, it was written for at
17	misrepresenting the analysis. Because if they	17	least one trial, for one litigation.
18	go to analysis of degradation, you cannot base	18	Q. You don't happen to have a copy of
19	it on one patient. Once you do analysis, you	19	that protocol here today?
20	identify features which are reflecting	20	A. It was for different litigation.
21	degradation, then you can detect it in other	21	MR. SNELL: I note request to produce.
22	specimens. That's what was done for	22	BY MR. SNELL:
23	Ms. Edwards. Once I performed analysis of	23	Q. For the different solvents/chemicals
24	degradation process, then I could detect it in	24	that Mrs. Edwards' mesh was exposed to, did you
25	Ms. Edwards.	25	consult with anybody else about what particular
	Page 211		Page 213
1	Q. You described the way in which	1	chemicals and concentrations should be used
2	Mrs. Edwards' mesh was processed from the time	2	during that process?
3	you got it until the time it was put into the	3	A. No. It's standard process, so I used
4	paraffin blocks and set. Did you consult with	4	standard process. The most important question
5	anyone about that process and how it should take	5	is if controls were exposed to the same steps,
6	place?	6	which they were.
7	A. This is standard process of	7	Q. For Mrs. Edwards' mesh, why didn't you
8	microscopic examination.	8	leave half of it in formalin for us to look at?
^	Q. So the answer is no, you didn't	9	
9	•	1	A. Because we didn't have that product.
10	consult with anyone, correct?	10	I was not told that specimens for litigation
	•		
10	consult with anyone, correct?	10	I was not told that specimens for litigation
10 11	consult with anyone, correct?  A. No.	10 11	I was not told that specimens for litigation process may need another half for Defendants'
10 11 12	consult with anyone, correct?  A. No.  Q. Did you consult with any polymer	10 11 12	I was not told that specimens for litigation process may need another half for Defendants' experts. Once the protocol was formally set,
10 11 12 13	consult with anyone, correct?  A. No.  Q. Did you consult with any polymer chemist?	10 11 12 13	I was not told that specimens for litigation process may need another half for Defendants' experts. Once the protocol was formally set, then I was processing all specimens in the same
10 11 12 13 14	consult with anyone, correct?  A. No. Q. Did you consult with any polymer chemist?  A. No.	10 11 12 13 14	I was not told that specimens for litigation process may need another half for Defendants' experts. Once the protocol was formally set, then I was processing all specimens in the same fashion. And later specimens, they were all divided.  Q. When did you process Mrs. Edwards'
10 11 12 13 14	consult with anyone, correct?  A. No. Q. Did you consult with any polymer chemist?  A. No. Q. Did you consult with any material	10 11 12 13 14 15	I was not told that specimens for litigation process may need another half for Defendants' experts. Once the protocol was formally set, then I was processing all specimens in the same fashion. And later specimens, they were all divided.
10 11 12 13 14 15	consult with anyone, correct?  A. No. Q. Did you consult with any polymer chemist?  A. No. Q. Did you consult with any material scientist?  A. No. Q. Did you talk with any of the other	10 11 12 13 14 15 16	I was not told that specimens for litigation process may need another half for Defendants' experts. Once the protocol was formally set, then I was processing all specimens in the same fashion. And later specimens, they were all divided.  Q. When did you process Mrs. Edwards'
10 11 12 13 14 15 16	consult with anyone, correct?  A. No. Q. Did you consult with any polymer chemist? A. No. Q. Did you consult with any material scientist? A. No.	10 11 12 13 14 15 16 17	I was not told that specimens for litigation process may need another half for Defendants' experts. Once the protocol was formally set, then I was processing all specimens in the same fashion. And later specimens, they were all divided.  Q. When did you process Mrs. Edwards' specimens?  A. In June, 2013.  Q. For the paraffin blocks that you made
10 11 12 13 14 15 16 17	consult with anyone, correct?  A. No. Q. Did you consult with any polymer chemist?  A. No. Q. Did you consult with any material scientist?  A. No. Q. Did you talk with any of the other	10 11 12 13 14 15 16 17	I was not told that specimens for litigation process may need another half for Defendants' experts. Once the protocol was formally set, then I was processing all specimens in the same fashion. And later specimens, they were all divided.  Q. When did you process Mrs. Edwards' specimens?  A. In June, 2013.
10 11 12 13 14 15 16 17 18	consult with anyone, correct?  A. No. Q. Did you consult with any polymer chemist? A. No. Q. Did you consult with any material scientist? A. No. Q. Did you talk with any of the other Plaintiffs' experts?	10 11 12 13 14 15 16 17 18	I was not told that specimens for litigation process may need another half for Defendants' experts. Once the protocol was formally set, then I was processing all specimens in the same fashion. And later specimens, they were all divided.  Q. When did you process Mrs. Edwards' specimens?  A. In June, 2013.  Q. For the paraffin blocks that you made
10 11 12 13 14 15 16 17 18 19 20	consult with anyone, correct?  A. No. Q. Did you consult with any polymer chemist? A. No. Q. Did you consult with any material scientist? A. No. Q. Did you talk with any of the other Plaintiffs' experts? A. Regarding process?	10 11 12 13 14 15 16 17 18 19 20	I was not told that specimens for litigation process may need another half for Defendants' experts. Once the protocol was formally set, then I was processing all specimens in the same fashion. And later specimens, they were all divided.  Q. When did you process Mrs. Edwards' specimens?  A. In June, 2013.  Q. For the paraffin blocks that you made for Mrs. Edwards' specimens, did you cut through
10 11 12 13 14 15 16 17 18 19 20 21	consult with anyone, correct?  A. No. Q. Did you consult with any polymer chemist? A. No. Q. Did you consult with any material scientist? A. No. Q. Did you talk with any of the other Plaintiffs' experts? A. Regarding process? Q. Yes.	10 11 12 13 14 15 16 17 18 19 20 21	I was not told that specimens for litigation process may need another half for Defendants' experts. Once the protocol was formally set, then I was processing all specimens in the same fashion. And later specimens, they were all divided.  Q. When did you process Mrs. Edwards' specimens?  A. In June, 2013.  Q. For the paraffin blocks that you made for Mrs. Edwards' specimens, did you cut through all of the blocks when you did your analyses?
10 11 12 13 14 15 16 17 18 19 20 21 22	consult with anyone, correct?  A. No. Q. Did you consult with any polymer chemist? A. No. Q. Did you consult with any material scientist? A. No. Q. Did you talk with any of the other Plaintiffs' experts? A. Regarding process? Q. Yes. A. This is the only process which enables	10 11 12 13 14 15 16 17 18 19 20 21 22	I was not told that specimens for litigation process may need another half for Defendants' experts. Once the protocol was formally set, then I was processing all specimens in the same fashion. And later specimens, they were all divided.  Q. When did you process Mrs. Edwards' specimens?  A. In June, 2013.  Q. For the paraffin blocks that you made for Mrs. Edwards' specimens, did you cut through all of the blocks when you did your analyses?  A. No, the blocks were not exhausted,

blocks?  A. If block is produced there is a slide, 3 so each block is being sectioned. I had slides 4 for each block. It could have been only one 5 block or it could have been more than one, but 6 if there's a block there's a slide. 7 (Whereupon, lakovlev Exhibit Number 6, 8 Shide of paraffin blocks from Mrs. 9 Edwards' explant, was marked for 10 identification.) 11 BY MR. SNEILI: 12 Q. Handing you Exhibit Number 6 12 (handing). 14 A. Yes. 15 Q. Do you recognize these to be the 16 paraffin blocks from Mrs. Edwards' explant that 17 you prepared? 18 A. There is no identifier. I can see 19 it's Flitcon mesh because it's blue. 20 (Whereupon, lakovlev Exhibit Number 7, 21 Slides of paraffin block of Ms. 22 Edwards' explant, was marked for 23 identification.) 24 A. There are two blocks. If they're the 25 same.  Page 215  BY MR. SNEILI: 2 Q. Take a look at Exhibit Number 7. 3 A. Ther's a slide, but the block is 4 not -1 mean the outlines of the tissue are the 5 same, so I assume that this is, yes. 6 Q. So Exhibit Number 7 has the blocks on 7 the front page to the left, and then a slide to 8 the right of that, correct? 9 A. Yes. 10 Q. And you see it says "Edwards, Tonya" 11 up above, correct? 12 A. Yes. 13 Q. Where was this slide musde? 14 A. That's St. Michael's Hospital, la and yes, 15 Q. Oand jou see it says "Edwards, Tonya" 16 A. Yes. 17 Q. A slide you made? 18 A. My lab made. 19 Q. What's the bloc line? 20 Q. What's the bloc line? 21 Q. So you made the blue line there? 22 A. No. The technologist. 23 Q. What's the formalin? 24 A. That's St. Michael's Hospital label. 25 Q. So you made the blue line there? 26 A. Wis. 27 Q. So you made the blue line there? 28 A. Wis. 30 Q. What's the formalin? 31 A. Yes. 32 Q. What's the formalin? 32 Q. What's the formalin? 33 Q. What's the formalin? 34 A. Yes. 35 Q. Mand's the formalin? 35 Q. And if you look at Exhibit Number 6 36 A. Yes. 37 Q. And if you set the mesh specimen 38 Page 217 39 Q. So you made the blue line there? 30 Q. So you made the blue line there? 31 Q. So be spe		1	
So each block is being sectioned. I had slides   So each block is being sectioned. I had slides   A for each block. It could have been more than one, but   if there's a block there's a slide.   C for each block. It could have been more than one, but   if there's a block there's a slide.   C for each block. It could have been more than one, but   if there's a block there's a slide.   C for each block. It could have been more than one, but   if there's a block there's a slide.   C for each block. If there's a block there's a slide.   C for each block. If they are the same lot number,   A for each each each each each each each each	A. If block is produced there is a slide,		which mirrors the tissue appearance in the
so each block is being sectioned. I had slides for each block. It could have been only one block or it could have been more than one, but if there's a block there's a slide.  Whereupon, lakovlev Exhibit Number 7, 20 G. Handing you Exhibit Number 6, 21 G. Where is no identification.)  BY MR. SNELL:  Character expending blocks from Mrs.  BY MR. SNELL:  Character expending blocks from Mrs.  BY MR. SNELL:  Character expending with the spending with the label is cut off above, does that also appear to be a strict off above, does that also appear to be a str		2	
for each block. It could have been more than one, but if there's a block there's a slide. Whereupon, lakovlev Exhibit Number 6, 8 Slide of paraffin blocks from Mrs. 9 Edwards' explant, was marked for identification.) 10 identi	3 so each block is being sectioned. I had slides	3	A. Yes.
5   block or it could have been more than one, but if there's a block there's a slide.   7   7   7   7   7   7   7   7   7		4	Q. Okay. Turn to the second page.
there's a block there's a slide.  (Whereupon, lakovlev Exhibit Number 6, 8 Slide of paraffin blocks from Mrs. 8 Q. With a slide that has tissue which mirrors the shape of the block?  A. Yes.  Q. Handing you Exhibit Number 6 12 above, does that also appear to be a of the floating from the form of the floating from the floating floating from the floating	•	5	
8 Slide of paraffin blocks from Mrs. 9 Edwards' explant, was marked for identification.) 10 identification.) 11 BY MR, SNELL: 11 Q. Handing you Exhibit Number 6 13 (handing). 14 A. Yes. 15 Q. Do you recognize these to be the paraffin blocks from Mrs. Edwards' explant that you prepared? 16 paraffin blocks from Mrs. Edwards' explant that you prepared? 17 you prepared? 18 A. There is no identifier. I can see it's blue. 19 it's Ethicon mesh because it's blue. 20 (Whereupon, lakovlev Exhibit Number 7, 21 Slides of paraffin blocks of Ms. 21 Edwards' explant, was marked for identification.) 22 Edwards' explant, was marked for identification.) 23 identification.) 24 A. There are two blocks. If they're the same.  Page 215  Page 215  Page 215  Page 215  Page 215  Page 215  Page 216  Q. Oas A bankin Number 7 has the block is not—I mean the outlines of the tissue are the same, so I assume that this is, yes. 4 not—I mean the outlines of the tissue are the same, so I assume that this is, yes. 5 not—I mean the outlines of the tissue are the same, so I assume that this is, yes. 6 Q. So Exhibit Number 7 has the blocks on the front page to the left, and then a slide to the front page to the left, and then a slide to the front page to the left, shibit humber for an A. Yes. 10 Q. And you see it says "Edwards, Tonya" 11 up above, does that las bappe ar to be a St. Michael's stide, have the same lot number, 40193?  A. There is no identifier. I can see is the same lot number, 40193?  A. There is no identifier. I can see is the explant in the paraffin block like that, yes. But I would have to check with my pathology report. It's most likely only two blocks.  Q. Go back to the chain of custody exhibit, the very last page. A. Emory Med Labs material, and the next block in a not—I mean the outlines of the tissue are the same, so I assume that this is, yes.  Q. Okay. So for Mrs. Edwards' mesh explant, correct?  A. Yes. Q. And you took sections from both blocks I and I be of Mrs. Edwards' mesh explant, correct?  A. Yes. Q. And go us de te		6	
8 Slide of parafflin blocks from Mrs. 9 Edwards' explant, was marked for identification.) 11 BY MR. SNELL: 12 Q. Handing you Exhibit Number 6 13 (handing). 14 A. Yes. 15 Q. Do you recognize these to be the paraffin blocks from Mrs. Edwards' explant that you prepared? 16 paraffin blocks from Mrs. Edwards' explant that you prepared? 17 you prepared? 18 A. There is no identifier. I can see it's Ethicon mesh because it's blue. 19 it's Ethicon mesh because it's blue. 20 (Whereupon, lakovlev Exhibit Number 7, 21 Slides of paraffin block of Ms. 22 Edwards' explant, was marked for identification.) 21 Slides of paraffin blocks. If they're the same. 22 Edwards' explant, was marked for identification.) 23 identification.) 24 A. There are two blocks. If they're the same. 25 BYMR. SNELL: 2 Q. Take a look at Exhibit Number 7. 3 A. That's a slide, but the block is not - I mean the outlines of the tissue are the same, so I assume that this is, yes. 26 Q. So Exhibit Number 7 has the blocks on the front page to the left, and then a slide to the right of that, correct? 3 A. Yes. 4 A. Yes. 5 Q. Vour hospital? 4 A. That's St. Michael's Hospital label. 5 Q. Vour hospital? 5 Q. Vour hospital? 6 Q. And you see it says "Edwards, Tonya" up above, correct? 11 up above, correct? 12 Q. A slide you made? 13 Q. Where was this slide made? 14 A. That's St. Michael's Hospital label. 15 Q. Vour hospital? 16 A. Yes. 17 Q. A slide you made? 18 A. My lab made. 19 Q. What's the blue line? 20 A. Control. Immunohistochemical control. 21 Q. So the paraffin tissue with himse size with first in the very last spage of paraffin tissue with Mrs. Edwards' mesh explant, correct? 21 Q. So you made the blue line there? 22 A. No. The technologist. 23 Q. Ode of the issue are the same lot number; 24 A. Francise with Mrs. Edwards' mesh explant, correct? 25 C. A. Gent Michael's Hospital label. 26 A. Yes. 27 Q. Odes it appear that you sections from both blocks and if you look at Exhibit Number 6 and 7 - A. Yes. 28 Q. A control. Immunohistochemical control. 29 Q. A. C	7 (Whereupon, Iakovlev Exhibit Number 6,	7	A. Yes.
BYMR. SNELL:    Page 215	` <u>-</u>	8	Q. With a slide that has tissue which
10 identification.) 11 BY MR. SNELL: 12 Q. Handing you Exhibit Number 6 13 (handing). 14 A. Yes. Q. Do you recognize these to be the 15 Q. Do you recognize these to be the 16 paraffin blocks from Mrs. Edwards' explant that 17 you prepared? 18 A. There is no identifier. I can see 19 if's Edhicon mesh because it's blue. 19 (Whereupon, lakov've Exhibit Number 7, 21 Slides of paraffin block of Ms. 22 Edwards' explant, was marked for 23 identification.) 24 A. There are two blocks. If they're the 25 same.  Page 215  BY MR. SNELL: 2 Q. Take a look at Exhibit Number 7. 3 A. That's a slide, but the block is 4 not - I mean the outlines of the tissue are the 5 same, so I assume that this is, yes. Q. Take a look at Exhibit Number 7. A. The saide, but the block is 4 not - I mean the outlines of the tissue are the 5 same, so I assume that this is, yes. Q. Take a look at Exhibit Number 7. A. That's a slide, but the block is 4 not - I mean the outlines of the tissue are the 5 same, so I assume that this is, yes. Q. Ox Sex bin's fumber 7 has the blocks on 7 the front page to the left, and then a slide to 11 the front page to the left, and then a slide to 12 the front page to the left, and then a slide to 13 the front page to the left, and then a slide to 14 A. Yes. Q. A A That's Alkichael's Hospital label. Q. A A That's St. Michael's Hospital label. Q. Where was this slide made? A. Yes. Q. And you see it says "Edwards, Tonya" Q. A May ou see it says "Edwards, Tonya" Q. A Side you made? A. That's St. Michael's Hospital label. A. Yes. Q. A ocontrol. Immunohistochemical control. Q. A So oy ou made the blue line? A. Control. Immunohistochemical control. Q. So you made the blue line there? A. No. The technologist. Q. So the siste that by ou 22 dege is of a round structure. Q. Mrs. Edwards' mesh explant that you		9	
11 BY MR. SNELL: Q. Handing you Exhibit Number 6 (handing). A. Yes. 15 Q. Do you recognize these to be the paraffin blocks from Mrs. Edwards' explant that you prepared? A. There is no identifier. I can see its Ethicon mesh because it's blue. 19 its Ethicon mesh because it's blue. 20 (Whereupon, lakovlev Exhibit Number 7, 21 Slides of paraffin block of Ms. 22 Edwards' explant, was marked for 22 identification.) 23 identification.) 24 A. There are two blocks. If they're the same.  Page 215  BY MR. SNELL: Q. Take a look at Exhibit Number 7. A. That's a slide, but the block is not I mean the outlines of the tissue are the same, so I assume that this is, yes. 6 Q. So Exhibit Number 7 has the blocks on the front page to the left, and then a slide to the right of that, correct? A. That's K. Michael's Hospital, I and yes, they were only two blocks.  BY MR. SNELL: Q. And you see it says "Edwards, Tonya" to pathology report. It's most likely only two blocks. Q. Okay. So for Mrs. Edwards' explant in it?  Page 215  Page 215  Page 217  Page 217  Page 217  Page 218  Page 217  Iline is St. Michael's Hospital, I and yes, they were only two blocks. Q. Okay. So for Mrs. Edwards' mesh specimen, you processed you ended up processing it into two paraffin blocks labeled la and lb? A. Yes. Q. And you see it says "Edwards, Tonya" to pabove, correct? A. Yes. Q. And you tooks exclusive it and the nation of the right of that, correct? A. Yes. Q. And you tooks exclosins from both blocks labeled la and Ib? A. Yes. Q. And if you look at Exhibit Number 6 and 7 - A. Yes. Q. And if you look at Exhibit Number 6 and 7 - A. Yes. Q. And if you look at Exhibit Number 6 and 7 - A. Yes. Q. And if you look at Exhibit Number 6 and 7 - A. Yes. Q. And if you look at Exhibit Number 6 and 7 - A. Yes. Q. And if you look at Exhibit Number 6 and 7 - A. Yes. Q. A costrol. Immunohistochemical control. Q. So you made the blue line? A. No. The technologist. Q. So the specimen above is the control? Q. So you made fee blue line there? A. No. The technol	•	10	
12   Q. Handing you Exhibit Number 6   12   above, does that also appear to be a	,	11	O. And although the label is cut off
13		12	
14 A. Yes.  Q. Do you recognize these to be the 16 paraffin blocks from Mrs. Edwards' explant that 16 you prepared?  A. There is no identifier. I can see 17 paraffin blocks of paraffin block of Ms.  Whereupon, Iakovlev Exhibit Number 7, 20 pathology report. It's most likely only two 21 blocks. If they're the 22 identification.)  Page 215  BY MR. SNELL:  Q. Take a look at Exhibit Number 7.  A. That's a slide, but the block is 3 not I mean the outlines of the tissue are the 5 same, so I assume that this is, yes.  BY MR. SNELL:  Q. Take a look at Exhibit Number 7.  A. That's a slide, but the block is 3 not I mean the outlines of the tissue are the 5 same, so I assume that this is, yes.  A. There's paraffin block of Ms.  Explant in it?  A. By this exhibit, it looks like that, yes. But I would have to check with my pathology report. It's most likely only two blocks.  Do Go back to the chain of custody exhibit, the very last page.  A. Emory Med Labs material, and the next page.  Page 217  I make the page 215  Page 217  I line is St. Michael's Hospital, la and yes, they were only two blocks.  Q. Okay. So for Mrs. Edwards' mesh specimen, you processed you ended up processing it into two paraffin blocks labeled and 1b of Mrs. Edwards' mesh explant, correct?  A. Yes.  Q. And you took sections from both blocks and 1b of Mrs. Edwards' mesh explant, correct?  A. Yes.  Q. And if you look at Exhibit Number 6 and 7  A. Yes.  Q. And if you look at Exhibit Number 6 and 7  A. Yes.  Q. A slide you made?  A. That's St. Michael's Hospital label.  Q. What's the blue line?  A. Control. Immunohistochemical control.  Q. What's the blue line?  A. No. The technologist.  Q. Os you made the blue line there?  Q. Mrs. Edwards' mesh explant that you appear that you set the mesh specimen perpendicular in the formalin?  A. It's on edge, or most of the specimen perpendicular in the formalin?  A. It's on edge, or most of the specimen edge is of a round structure.  Q. Mrs. Edwards' mesh explant that you		13	
15 Q. Do you recognize these to be the 16 paraffin blocks from Mrs. Edwards' explant that 17 you prepared? 18 A. There is no identifier. I can see 18 if's Ethicon mesh because it's blue. 20 (Whereupon, lakovlev Exhibit Number 7, 20 Slides of paraffin blocks like that, 20 (Whereupon, lakovlev Exhibit Number 7, 21 Slides of paraffin block of Ms. 21 Edwards' explant, was marked for 22 identification.) 21 Edwards' explant, was marked for 23 identification.) 22 Edwards' explant, was marked for 24 exhibit the very last page. 23 identification.) 24 A. There are two blocks. If they're the 24 exhibit, the very last page. 25 same.  Page 215  Page 215  Page 217  1 BY MR. SNELL: 2 Q. Take a look at Exhibit Number 7. 3 A. That's a slide, but the block is 3 Same, so I assume that this is, yes. 4 not I mean the outlines of the tissue are the 5 same, so I assume that this is, yes. 5 Q. Okay. So for Mrs. Edwards' mesh specimen, you processed you ended up processing it into two paraffin blocks labeled Ia and Ib? A. Yes. 10 Q. And you see it says "Edwards, Tonya" 11 up above, correct? 12 A. Yes. 13 Q. Where was this slide made? 14 A. That's St. Michael's Hospital label. 15 Q. Your hospital? 16 A. Yes. 17 Q. A slide you made? 18 A. My lab made. 19 Q. What's the blue line? 19 Q. What's the blue line? 10 Q. So you made the blue line there? 21 Q. So you made the blue line there? 22 A. No. The technologist. 23 Q. Mrs. Edwards' mesh explant that you	· •	14	
16 paraffin blocks from Mrs. Edwards' explant that 17 you prepared? 18 A. There is no identifier. I can see 19 it's Ethicon mesh because it's blue. 20 (Whereupon, lakovlev Exhibit Number 7, 21 Slides of paraffin block of Ms. 22 Edwards' explant, was marked for 23 identification.) 24 A. There are two blocks. If they're the 25 same.  Page 215  Page 215  Page 215  Page 217  1 BY MR. SNELL: 2 Q. Take a look at Exhibit Number 7. 3 A. That's a slide, but the block is 4 not I mean the outlines of the tissue are the 5 same, so I assume that this is, yes. 4 not I mean the outlines of the tissue are the 5 same, so I assume that this is, yes. 6 Q. So Exhibit Number 7 has the blocks on 7 the front page to the left, and then a slide to 8 the right of that, correct? 9 A. Yes. 10 Q. And you see it says "Edwards, Tonya" 11 up above, correct? 12 A. Yes. 13 Q. Where was this slide made? 14 A. That's St. Michael's Hospital, Ia and yes, they were only two blocks. 9 A. Yes. 10 Q. And you see it says "Edwards, Tonya" 11 up above, correct? 12 A. Yes. 13 Q. Where was this slide made? 14 A. That's St. Michael's Hospital label. 15 Q. Your hospital? 16 A. Yes. 17 Q. A slide you made? 18 A. My lab made. 19 Q. What's the blue line? 20 A. Control. Immunohistochemical control. 21 Q. So you made the bue line there? 22 A. No. The technologist. 23 Go for ark in tire. 24 Exhibit to list, it looks like that, yees. But I would have to check with my pathology report. It's most likely only two blocks. 22 blocks. 23 Q. Go back to the chain of custody exhibit, the very last page. 24 A. Emory Med Labs material, and the next here's pecimen processing it into two paraffin blocks labeled la and 1b? 24 Labs material, and the next here's pecimen processing it into two paraffin blocks labeled la and 1b? 25 A. Yes. That's correct. 26 Q. And you took sections from both blocks labeled la and 1b? 27 A. Yes. 28 Q. And jou look at Exhibit Number 6 and 7— 29 A. Yes. 20 And if you look at Exhibit Number 6 and 7— 20 A. Control. Immunohistochemical control. 2		15	
17 you prepared? 18 A. There is no identifier. I can see 18 it's Ethicon mesh because it's blue. 20 (Whereupon, Iakovlev Exhibit Number 7, 21 Slides of paraffin block of Ms. 22 Edwards' explant, was marked for 23 identification.) 24 A. There are two blocks. If they're the 25 same.  26 Page 215  1 BY MR. SNELL: 2 Q. Take a look at Exhibit Number 7. 3 A. That's a slide, but the block is 4 not I mean the outlines of the tissue are the 5 same, so I assume that this is, yes. 6 Q. So Exhibit Number 7 has the blocks on 16 the right of that, correct? 17 Let right of that, correct? 18 A. Yes. 19 Q. And you see it says "Edwards, Tonya" 11 up above, correct? 12 A. Yes. 13 Q. Where was this slide made? 14 A. That's St. Michael's Hospital label. 15 Q. Your hospital? 16 A. Yes. 17 Q. A slide you made? 18 Blocks of paraffin tissue with Mrs. Edwards' explant in it? 20 A. By this exhibit, it looks like that, yes. But I would have to check with my pathology report. It's most likely only two blocks. 20 Go back to the chain of custody exhibit, the very last page. 21 Let same.  22 Page 217  23 Line is St. Michael's Hospital, 1a and yes, they were only two blocks. 24 A. Emory Med Labs material, and the next they were only two blocks. 25 they were only two blocks. 26 Q. Okay. So for Mrs. Edwards' mesh specimen, you processed you ended up processing it into two paraffin blocks labeled 1a and 1b? 26 A. Yes. 27 A. Yes. 28 Q. And you took sections from both blocks la and lb of Mrs. Edwards' mesh explant, correct? 29 A. Yes. 29 C. And if you look at Exhibit Number 6 and 7 A. Yes. 20 Q. And if you look at Exhibit Number 6 and 7 A. Yes. 21 Q. And if you look at Exhibit Number 6 and 7 A. Yes. 29 Q. And if you look at Exhibit Number 6 and 7 A. Yes. 30 Q. What's the blue line? 41 A. My lab made. 42 A. My lab made. 43 A. Control. Immunohistochemical control. 44 A. That's Sc. Michael's Hospital label. 45 A. Control. Immunohistochemical control. 46 A. Control. Immunohistochemical control. 47 Control immunohistochemical contro		1	
18 it's Ethicon mesh because it's blue. 19 (Whereupon, lakovlev Exhibit Number 7, 21 Sildes of paraffin block of Ms. 22 Edwards' explant, was marked for 23 identification.) 24 A. There are two blocks. If they're the 25 same.  Page 215  Page 215  Page 215  BY MR. SNELL: 2 Q. Take a look at Exhibit Number 7. 3 A. That's a slide, but the block is 4 not I mean the outlines of the tissue are the 5 same, so I assume that this is, yes. 6 Q. So Exhibit Number 7 has the blocks on 7 the front page to the left, and then a slide to 8 the right of that, correct? 9 A. Yes. 10 Q. And you see it says "Edwards, Tonya" 11 up above, correct? 12 A. Yes. 13 Q. Where was this slide made? 14 A. That's St. Michael's Hospital, la and yes, they were only two blocks. 15 Q. Your hospital? 16 A. Yes. 17 Q. A slide you made? 18 A. My lab made. 19 Q. What's the blue line there? 20 A. No. The technologist. 21 Correct? 22 Q. Take a look at Exhibit Number 7. 23 A. That's of the defined page and the control? 24 A. No. The technologist. 25 Copy of the specimen above is the control? 26 A. No. The reams the outlines of the tissue are the same, so I assume that this is, yes. 3 Q. Okay. So for Mrs. Edwards' mesh explant, the very last page. 4 A. Yes. 4 Emory Med Labs material, and the next  Page 217  1 line is St. Michael's Hospital, la and yes, they were only two blocks. 4 Q. Okay. So for Mrs. Edwards' mesh explant, specimen, you processed you ended up processing it into two paraffin blocks labeled la and 1b? 4 A. Yes.  9 Q. And you took sections from both blocks la and 1b? 4 A. Yes. 9 Q. And if you look at Exhibit Number 6 and 7 18 A. My lab made. 19 Q. What's the blue line? 10 Q. So you made the blue line there? 21 Q. So you made the blue line there? 22 A. No. The technologist. 23 Q. Wrs. Edwards' mesh explant that you			
19 it's Ethicon mesh because it's blue. 20 (Whereupon, lakovlev Exhibit Number 7, 21 Slides of paraffin block of Ms. 21 pathology report. It's most likely only two blocks. 22 Edwards' explant, was marked for 22 blocks. 23 identification.) 23 Q. Go back to the chain of custody exhibit, the very last page. 25 same.  Page 215  Page 215  Page 217  1 BY MR. SNELL: 1 line is St. Michael's Hospital, 1a and yes, 25 they were only two blocks. 3 A. Thar's a slide, but the block is 3 A. Thar's a slide, but the block is 4 not I mean the outlines of the tissue are the 5 same, so I assume that this is, yes. 4 P. Q. So Exhibit Number 7 has the blocks on 4 the fright of that, correct? 4 A. Yes. 5 Q. And you see it says "Edwards, Tonya" 10 up above, correct? 4 A. Yes. 13 Q. Where was this slide made? 14 A. Thar's St. Michael's Hospital label. 15 Q. Your hospital? 15 Q. And if you look at Exhibit Number 6 and 7 4. Yes. 16 A. Yes. 17 Q. A slide you made? 17 A. Yes. 16 Cooking at Exhibit 6 and 7, does it appear that you see it may be appeared the blue line there? 19 Q. What's the blue line? 19 Q. So you made the blue line there? 10 Q. So the specimen above is the control? 20 Mrs. Edwards' mesh explant that you 20 Q. Mrs. Edwards' mesh explant that you 50 Q. Mrs. Edwards' mesh explant that you 60 Q. Mrs. Edwards' mesh expl	* * *	1	•
20 (Whereupon, Iakovlev Exhibit Number 7, Slides of paraffin block of Ms.			-
21 Slides of paraffin block of Ms. 22 Edwards' explant, was marked for identification.) 23 (Q. Go back to the chain of custody exhibit, the very last page.) 25 same.  Page 215  Page 215  BY MR. SNELL: 2 Q. Take a look at Exhibit Number 7. 3 A. That's a slide, but the block is not I mean the outlines of the tissue are the same, so I assume that this is, yes. 5 Q. So Exhibit Number 7 has the blocks on the front page to the left, and then a slide to the right of that, correct? 4 A. Yes. 5 Q. And you see it says "Edwards, Tonya" 10 Q. And you see it says "Edwards, Tonya" 11 up above, correct? 12 A. Yes. 13 Q. Where was this slide made? 14 A. That's St. Michael's Hospital, Ia and yes, they were only two blocks. 2 they were only two blocks. 3 Q. Okay. So for Mrs. Edwards' mesh specimen, you processed you ended up processing it into two paraffin blocks labeled Ia and Ib? 4 A. Yes. 5 processing it into two paraffin blocks labeled Ia and Ib? 6 A. Yes. 9 A. Yes. 9 Ia and I bo' Mrs. Edwards' mesh explant, correct? 10 Q. And you see it says "Edwards, Tonya" 11 up above, correct? 12 A. Yes. 13 Q. Where was this slide made? 14 A. That's St. Michael's Hospital label. 15 Q. Your hospital? 16 A. Yes. 17 Q. A slide you made? 18 A. My lab made. 19 Q. What's the blue line? 19 Q. What's the blue line? 20 A. Control. Immunohistochemical control. 21 Q. So you made the blue line there? 22 A. No. The technologist. 23 Q. Mrs. Edwards' mesh explant that you			
Edwards' explant, was marked for identification.)  A. There are two blocks. If they're the same.  Page 215  BY MR. SNELL:  Q. Take a look at Exhibit Number 7.  A. That's a slide, but the block is same, so I assume that this is, yes.  Q. So Exhibit Number 7 has the blocks on the front page to the left, and then a slide to the right of that, correct?  A. Yes.  Q. And you see it says "Edwards, Tonya"  1 up above, correct?  A. Yes.  Q. Where was this slide made?  A. That's St. Michael's Hospital, Ia and yes, they were only two blocks.  Q. Okay. So for Mrs. Edwards' mesh specimen, you processed you ended up processing it into two paraffin blocks labeled Ia and 1b?  A. Yes.  Q. And you see it says "Edwards, Tonya"  10 Q. And you see it says "Edwards, Tonya"  11 up above, correct?  12 A. Yes.  13 Q. Where was this slide made?  14 A. That's St. Michael's Hospital label.  15 Q. Your hospital?  16 A. Yes.  17 Q. A slide you made?  18 A. My lab made.  19 Q. What's the blue line?  A. Control. Immunohistochemical control.  Q. So the specimen above is the control?  20 Mrs. Edwards' mesh explant, correct?  11 Looking at Exhibit 6 and 7, does it appear that you sect the mesh specimen perpendicular in the formalin?  A. It's on edge, or most of the specimen is on edge. I mean it's hard to define where edge is of a round structure.  Q. Mrs. Edwards' mesh explant that you			·
23 identification.) 24 A. There are two blocks. If they're the same.  25 Same.  26 Page 215  27 Page 217  28 Page 217  29 Page 217  20 Take a look at Exhibit Number 7. 20 Page 217  20 Page 217  21 Iine is St. Michael's Hospital, la and yes, they were only two blocks.  22 Q. Take a look at Exhibit Number 7. 23 A. That's a slide, but the block is 3 Q. Okay. So for Mrs. Edwards' mesh specimen, you processed you ended up processing it into two paraffin blocks labeled la and 1b?  28 A. Yes.  29 Page 217  20 Page 217  21 Iine is St. Michael's Hospital, la and yes, they were only two blocks.  30 Q. Okay. So for Mrs. Edwards' mesh specimen, you processed you ended up processing it into two paraffin blocks labeled la and 1b?  40 Processing it into two paraffin blocks labeled la and 1b?  41 A. Yes. 42 Page 217  42 Page 217  43 Page 217  44 Page 217  45 Page 217  46 Page 217  47 Page 217  48 Page 217  49 Page 217  40 Page 217  40 Page 217  41 Iine is St. Michael's Hospital, la and yes, they were only two blocks.  40 Q. Okay. So for Mrs. Edwards' mesh specimen, you processed you ended up processing it into two paraffin blocks labeled la and 1b?  40 Page 217  41 Page 217  41 Page 217  42 Page 217  43 Page 217  44 Page 217  45 Page 217  46 Page 217  47 Page 217  48 Page 217  49 Page 217  40 Page 217  41 Page 217  41 Page 217  41 Page 217  42 Page 217  43 Page 217  44 Page 217  45 Page 217  46 Page 217  47 Page 217  48 Page 217  49 Page 217  40 Page 217  41 Page 217  41 Page 217  41 Page 217  42 Page 217  43 Page 217  44 Page 217  45 Page 217  46 Page 217  47 Page 217  48 Page 217  49 Page 217  40 Page 217  41 Page 217  41 Page 217  41 Page 217  42 Page 217  43 Page 217  44 Page 217  45 Page 217  46 Page 217  47 Page 217  48 Page 217  49 Page 217  40 Page 217  41 Page 217  41 Page 217  42 Page 217  43 Page 217  44 Page 218  45 Page 218  46 Page 218  47 Page 217  48 Page 217  49 Page 217  40 Page 217  41 Page 217  41 Page 217  42 Page 217  43 Page 217  44 Page 217  45 Page 218  46 Page 218  47 Page 217  48 Pa		1	
A. There are two blocks. If they're the same.  Page 215  Page 215  BY MR. SNELL:  Q. Take a look at Exhibit Number 7.  A. That's a slide, but the block is not I mean the outlines of the tissue are the same, so I assume that this is, yes.  Q. So Exhibit Number 7 has the blocks on the front page to the left, and then a slide to the right of that, correct?  A. Yes.  Q. And you see it says "Edwards, Tonya"  1 up above, correct?  A. Yes.  Q. And if you look at Exhibit Number 6 and 7  A. That's St. Michael's Hospital label.  A. Yes.  Q. And if you look at Exhibit Number 6 and 7  A. Yes.  C. You rhospital?  A. Yes.  Q. And if you look at Exhibit Number 6 and 7  A. Yes.  C. A slide you made?  A. My lab made.  Q. What's the blue line?  A. Control. Immunohistochemical control.  Q. So the specimen above is the control?  Q. Mrs. Edwards material, and the next  Page 217  In line is St. Michael's Hospital, la and yes, they were only two blocks.  Q. Okay. So for Mrs. Edwards' mesh specimen is on edge. I mean it's hard to define where edge is of a round structure.			
Page 215  BY MR. SNELL:  Q. Take a look at Exhibit Number 7. A. That's a slide, but the block is not I mean the outlines of the tissue are the same, so I assume that this is, yes. Q. So Exhibit Number 7 has the blocks on the front page to the left, and then a slide to the right of that, correct? A. Yes. Q. And you see it says "Edwards, Tonya" up above, correct? A. Yes. Q. Where was this slide made? A. That's St. Michael's Hospital label. Q. Your hospital? A. Yes. Q. And if you look at Exhibit Number 6 A. Yes. C. Q. And you see it appear that you sectioned strike that. C. Q. A slide you made? A. My lab made. Q. What's the blue line? Q. A. Control. Immunohistochemical control. Q. So you made the blue line there? Q. A. No. The technologist. Q. Mrs. Edwards' mesh explant that you A. Mrs. Edwards' mesh explant, correct? A. Emory Med Labs material, and the next  Page 217  In line is St. Michael's Hospital, 1 a and yes, they were only two blocks. Q. Okay. So for Mrs. Edwards' mesh A. Yes. D. Okay. So for Mrs. Edwards' mesh A. Yes processed you ended up processing it into two paraffin blocks labeled la and lb? A. Yes. That's correct. A. Yes. That's correct. A. Yes. That's correct. A. Yes. Q. And you took sections from both blocks la and lb of Mrs. Edwards' mesh explant, correct? A. No. The technologist. Q. A slide you made? A. It's on edge, or most of the specimen perpendicular in the formalin? A. It's on edge, or most of the specimen is on edge. I mean it's hard to define where edge is of a round structure. Q. Mrs. Edwards' mesh explant that you	, , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·
Page 215  BY MR. SNELL:  Q. Take a look at Exhibit Number 7.  A. That's a slide, but the block is  not I mean the outlines of the tissue are the same, so I assume that this is, yes.  Q. So Exhibit Number 7 has the blocks on the front page to the left, and then a slide to the right of that, correct?  A. Yes.  Q. And you took sections from both blocks and I bof Mrs. Edwards' mesh explant, correct?  A. Yes.  Q. And you took sections from both blocks la and I bof Mrs. Edwards' mesh explant, correct?  A. Yes.  Q. And you took sections from both blocks la and I bof Mrs. Edwards' mesh explant, correct?  A. Yes.  Q. And if you look at Exhibit Number 6  and 7  A. That's St. Michael's Hospital label. A. Yes.  Q. And gou took sections from both blocks la and I bof Mrs. Edwards' mesh explant, correct?  A. Yes.  Q. And if you look at Exhibit Number 6  and 7  A. That's St. Michael's Hospital label. A. Yes.  Q. Your hospital?  A. Yes.  Q does it appear that you sectioned strike that.  Looking at Exhibit 6 and 7, does it appear that you set the mesh specimen perpendicular in the formalin?  A. Control. Immunohistochemical control. Q. So you made the blue line there?  A. No. The technologist.  Q. Mrs. Edwards' mesh explant that you  A. Ris' on edge, or most of the specimen is on edge. I mean it's hard to define where edge is of a round structure.  Q. Mrs. Edwards' mesh explant that you			
1 BY MR. SNELL: 2 Q. Take a look at Exhibit Number 7. 3 A. That's a slide, but the block is 4 not I mean the outlines of the tissue are the 5 same, so I assume that this is, yes. 6 Q. So Exhibit Number 7 has the blocks on 7 the front page to the left, and then a slide to 8 the right of that, correct? 8 the right of that, correct? 9 A. Yes. 10 Q. And you see it says "Edwards, Tonya" 11 up above, correct? 12 A. Yes. 13 Q. Where was this slide made? 14 A. That's St. Michael's Hospital label. 15 Q. Your hospital? 16 A. Yes. 17 Q. A slide you made? 18 A. My lab made. 19 Q. What's the blue line? 19 Q. What's the blue line? 20 A. Control. Immunohistochemical control. 20 Q. Mrs. Edwards' mesh explant that you 21 dege is of a round structure. 22 Q. Mrs. Edwards' mesh explant that you 23 Q. Mrs. Edwards' mesh explant that you 24 dege is of a round structure. 25 Q. Mrs. Edwards' mesh explant that you			11. 2
Q. Take a look at Exhibit Number 7.  A. That's a slide, but the block is  Q. Okay. So for Mrs. Edwards' mesh  specimen, you processed you ended up  processing it into two paraffin blocks labeled  la and lb?  A. Yes. That's correct.  A. Yes. That's correct.  A. Yes. That's correct.  Q. And you took sections from both blocks  and lb of Mrs. Edwards' mesh explant,  correct?  A. Yes.	Page 215		Page 217
A. That's a slide, but the block is not I mean the outlines of the tissue are the same, so I assume that this is, yes.  Q. So Exhibit Number 7 has the blocks on the front page to the left, and then a slide to the right of that, correct?  A. Yes.  Q. And you took sections from both blocks I a and I bo Mrs. Edwards' mesh explant, correct?  A. Yes.  Q. And you took sections from both blocks I a and I bo Mrs. Edwards' mesh explant, correct?  A. Yes.  Q. And you look at Exhibit Number 6  A. Yes.  Q. And if you look at Exhibit Number 6  and 7  A. Yes.  Q. And if you look at Exhibit Number 6  and 7  A. Yes.  Q does it appear that you sectioned strike that.  A. My lab made.  Q. What's the blue line?  Q. Wourhonline?  A. Control. Immunohistochemical control. Q. So you made the blue line there?  A. No. The technologist. Q. Mrs. Edwards' mesh specimen, you processed you ended up processing it into two paraffin blocks labeled la and Ib?  A. Yes. That's correct.  A. Yes. That's correct.  A. Yes. That's correct.  A. Yes.  Q. And if you look at Exhibit Number 6  and 7  A. Yes.  Looking at Exhibit 6 and 7, does it appear that you sectioned strike that.  Looking at Exhibit 6 and 7, does it appear that you set the mesh specimen perpendicular in the formalin?  A. It's on edge, or most of the specimen is on edge. I mean it's hard to define where edge is of a round structure.  Q. Mrs. Edwards' mesh explant that you	1 BY MR. SNELL:	1	line is St. Michael's Hospital, 1a and yes,
4not I mean the outlines of the tissue are the4specimen, you processed you ended up5same, so I assume that this is, yes.5processing it into two paraffin blocks labeled6Q. So Exhibit Number 7 has the blocks on6la and lb?7the front page to the left, and then a slide to7A. Yes. That's correct.8the right of that, correct?8Q. And you took sections from both blocks9A. Yes.9la and lb of Mrs. Edwards' mesh explant,10Q. And you see it says "Edwards, Tonya"10correct?11up above, correct?11A. Yes.12A. Yes.12Q. And if you look at Exhibit Number 613Q. Where was this slide made?13and 714A. That's St. Michael's Hospital label.14A. Yes.15Q. Your hospital?15Q does it appear that you16A. Yes.16sectioned strike that.17Q. A slide you made?17Looking at Exhibit 6 and 7, does it18A. My lab made.18appear that you set the mesh specimen19Q. What's the blue line?19perpendicular in the formalin?20A. Control. Immunohistochemical control.20A. It's on edge, or most of the specimen21Q. So you made the blue line there?21is on edge. I mean it's hard to define where22A. No. The technologist.22edge is of a round structure.23Q. So the specimen above is the control?	Q. Take a look at Exhibit Number 7.	2	they were only two blocks.
same, so I assume that this is, yes.  Q. So Exhibit Number 7 has the blocks on the front page to the left, and then a slide to the right of that, correct?  Respondent of the tright of that, correct?  Respondent of the right of that, correct.  Respondent of the right of that the locks labeled  Respondent of the right of that the locks labeled  Respondent of the right of that the locks labeled  Respondent of the right of that the locks labeled  Respondent of the right of that, correct.  Respondent of the right of the	A. That's a slide, but the block is	3	Q. Okay. So for Mrs. Edwards' mesh
6 Q. So Exhibit Number 7 has the blocks on 7 the front page to the left, and then a slide to 8 the right of that, correct? 8 A. Yes. 9 A. Yes. 9 la and lb of Mrs. Edwards' mesh explant, 10 Q. And you see it says "Edwards, Tonya" 11 up above, correct? 11 up above, correct? 12 A. Yes. 13 Q. And if you look at Exhibit Number 6 13 Q. Where was this slide made? 14 A. That's St. Michael's Hospital label. 15 Q. Your hospital? 16 A. Yes. 17 Q. A slide you made? 18 A. My lab made. 19 Q. What's the blue line? 19 Q. What's the blue line? 20 A. Control. Immunohistochemical control. 21 Q. So you made the blue line there? 22 A. No. The technologist. 23 Q. Mrs. Edwards' mesh explant, 26 A. Yes. 27 A. Yes. 28 Q. And if you look at Exhibit Number 6 28 and 7 29 A. Yes. 19 Q does it appear that you 20 sectioned strike that. 21 Looking at Exhibit 6 and 7, does it 21 appear that you set the mesh specimen 22 perpendicular in the formalin? 23 A. It's on edge, or most of the specimen 24 is on edge. I mean it's hard to define where 29 edge is of a round structure. 20 Q. Mrs. Edwards' mesh explant that you	4 not I mean the outlines of the tissue are the	4	specimen, you processed you ended up
the front page to the left, and then a slide to the right of that, correct?  A. Yes. That's correct.  Q. And you took sections from both blocks  A. Yes.  It and Ib of Mrs. Edwards' mesh explant,  correct?  A. Yes.  Q. And you see it says "Edwards, Tonya"  Locorrect?  A. Yes.  A. Yes.  Q. And if you look at Exhibit Number 6  A. Yes.  Q. And if you look at Exhibit Number 6  A. Yes.  A. That's St. Michael's Hospital label.  A. Yes.  Q. And if you look at Exhibit Number 6  A. Yes.  Q does it appear that you  sectioned strike that.  A. Yes.  A. My lab made.  A. My lab made.  A. My lab made.  A. My lab made.  A. Control. Immunohistochemical control.  A. No. The technologist.  Q. So the specimen above is the control?  A. Mrs. Edwards' mesh explant that you  A. Yes.	5 same, so I assume that this is, yes.	5	processing it into two paraffin blocks labeled
the right of that, correct?  A. Yes.  Q. And you see it says "Edwards, Tonya"  10	6 Q. So Exhibit Number 7 has the blocks on	6	la and lb?
9	7 the front page to the left, and then a slide to	7	A. Yes. That's correct.
10 Q. And you see it says "Edwards, Tonya"  11 up above, correct?  12 A. Yes.  13 Q. Where was this slide made?  14 A. That's St. Michael's Hospital label.  15 Q. Your hospital?  16 A. Yes.  17 Q. A slide you made?  18 A. My lab made.  19 Q. What's the blue line?  20 A. Control. Immunohistochemical control.  21 Q. So the specimen above is the control?  22 Q. Mrs. Edwards' mesh explant that you  23 Q. Mrs. Edwards' mesh explant that you  26 A. Yes.  27 Correct?  28 A. Yes.  29 Q. And if you look at Exhibit Number 6  A. Yes.  20 A. Yes.  20 A. Yes.  21 A. Yes.  22 A. Yes.  23 Q. And if you look at Exhibit Number 6  24 A. Yes.  25 Q. And if you look at Exhibit Number 6  26 A. Yes.  27 A. Yes.  28 A. Yes.  29 A. Yes.  20 A. Yes.  20 A. Yes.  21 Looking at Exhibit 6 and 7, does it appear that you set the mesh specimen  20 A. It's on edge, or most of the specimen  21 is on edge. I mean it's hard to define where  22 dege is of a round structure.  23 Q. Mrs. Edwards' mesh explant that you	8 the right of that, correct?	8	Q. And you took sections from both blocks
11 up above, correct?  A. Yes.  12 Q. And if you look at Exhibit Number 6  13 Q. Where was this slide made?  14 A. That's St. Michael's Hospital label.  15 Q. Your hospital?  16 A. Yes.  17 Q. A slide you made?  18 A. My lab made.  19 Q. What's the blue line?  20 A. Control. Immunohistochemical control.  21 Q. So you made the blue line there?  22 A. No. The technologist.  20 Mrs. Edwards' mesh explant that you  21 Q. Mrs. Edwards' mesh explant that you  22 Q. Mrs. Edwards' mesh explant that you	9 A. Yes.	9	la and lb of Mrs. Edwards' mesh explant,
A. Yes.  Q. Where was this slide made?  A. That's St. Michael's Hospital label.  Q. Your hospital?  A. Yes.  Q. Your hospital?  A. Yes.  C. Your hospital?  A. Yes.  C. Your hospital?  C. Your hospital?  C. Yes.  C. Your hospital?  C. Yes.  C. Your hospital?  C. A slide you made?  C. A slide you made.  C. A slide you made?  C. A slide you made.  C. A slide you set the mesh specimen  Deprendicular in the formalin?  A. It's on edge, or most of the specimen  C. A slide you set the mesh specimen  C. A slide you set	Q. And you see it says "Edwards, Tonya"	10	correct?
Q. Where was this slide made?  13 and 7  14 A. That's St. Michael's Hospital label.  15 Q. Your hospital?  16 A. Yes.  17 Q. A slide you made?  18 A. My lab made.  19 Q. What's the blue line?  20 A. Control. Immunohistochemical control.  21 Q. So you made the blue line there?  22 A. No. The technologist.  23 Q. Where was this slide made?  14 A. Yes.  15 Q does it appear that you  16 sectioned strike that.  17 Looking at Exhibit 6 and 7, does it  18 appear that you set the mesh specimen  19 perpendicular in the formalin?  A. It's on edge, or most of the specimen  21 is on edge. I mean it's hard to define where  22 edge is of a round structure.  Q. Mrs. Edwards' mesh explant that you	11 up above, correct?	11	A. Yes.
A. That's St. Michael's Hospital label.  Q. Your hospital?  A. Yes.  Q. Your hospital?  A. Yes.  16	12 A. Yes.	12	Q. And if you look at Exhibit Number 6
A. That's St. Michael's Hospital label.  Q. Your hospital?  A. Yes.  15 Q does it appear that you  16 A. Yes.  16 sectioned strike that.  17 Q. A slide you made?  18 A. My lab made.  19 Q. What's the blue line?  20 A. Control. Immunohistochemical control.  21 Q. So you made the blue line there?  22 A. No. The technologist.  23 Q. So the specimen above is the control?  24 A. Yes.  25 Q does it appear that you  26 sectioned strike that.  27 Looking at Exhibit 6 and 7, does it  28 appear that you set the mesh specimen  29 perpendicular in the formalin?  A. It's on edge, or most of the specimen  20 is on edge. I mean it's hard to define where  21 edge is of a round structure.  22 Q. Mrs. Edwards' mesh explant that you	Q. Where was this slide made?	13	· · · · · · · · · · · · · · · · · · ·
Q. Your hospital?  15 Q does it appear that you  16 A. Yes.  16 sectioned strike that.  17 Q. A slide you made?  18 A. My lab made.  19 Q. What's the blue line?  20 A. Control. Immunohistochemical control.  21 Q. So you made the blue line there?  22 A. No. The technologist.  23 Q. So the specimen above is the control?  26 Q does it appear that you  17 Looking at Exhibit 6 and 7, does it  28 appear that you set the mesh specimen  29 perpendicular in the formalin?  A. It's on edge, or most of the specimen  20 is on edge. I mean it's hard to define where  21 edge is of a round structure.  22 Q. Mrs. Edwards' mesh explant that you		14	A. Yes.
A. Yes.  Q. A slide you made?  A. My lab made.  Q. What's the blue line?  A. Control. Immunohistochemical control.  Q. So you made the blue line there?  A. No. The technologist.  Q. So the specimen above is the control?  20 So you made the specimen above is the control?  21 Sectioned strike that.  Looking at Exhibit 6 and 7, does it appear that you set the mesh specimen perpendicular in the formalin?  A. It's on edge, or most of the specimen is on edge. I mean it's hard to define where edge is of a round structure.  Q. Mrs. Edwards' mesh explant that you	-	15	Q does it appear that you
17 Looking at Exhibit 6 and 7, does it 18 A. My lab made. 19 Q. What's the blue line? 19 A. Control. Immunohistochemical control. 20 A. Control. Immunohistochemical control. 21 Q. So you made the blue line there? 22 A. No. The technologist. 23 Q. So the specimen above is the control? 21 Looking at Exhibit 6 and 7, does it appear that you set the mesh specimen perpendicular in the formalin? 20 A. It's on edge, or most of the specimen is on edge. I mean it's hard to define where 22 edge is of a round structure. 23 Q. Mrs. Edwards' mesh explant that you		16	
A. My lab made.  18 appear that you set the mesh specimen 19 Q. What's the blue line? 19 perpendicular in the formalin? 20 A. Control. Immunohistochemical control. 21 Q. So you made the blue line there? 22 A. No. The technologist. 23 Q. So the specimen above is the control? 24 appear that you set the mesh specimen 25 perpendicular in the formalin? 26 A. It's on edge, or most of the specimen 27 is on edge. I mean it's hard to define where 28 edge is of a round structure. 29 Q. Mrs. Edwards' mesh explant that you		17	Looking at Exhibit 6 and 7, does it
19 Q. What's the blue line? 20 A. Control. Immunohistochemical control. 21 Q. So you made the blue line there? 22 A. No. The technologist. 23 Q. So the specimen above is the control? 29 perpendicular in the formalin? A. It's on edge, or most of the specimen 20 is on edge. I mean it's hard to define where 21 edge is of a round structure. 22 Q. Mrs. Edwards' mesh explant that you		18	
A. Control. Immunohistochemical control.  Q. So you made the blue line there?  A. No. The technologist.  Q. So the specimen above is the control?  A. It's on edge, or most of the specimen is on edge. I mean it's hard to define where edge is of a round structure.  Q. Mrs. Edwards' mesh explant that you			
Q. So you made the blue line there? 21 is on edge. I mean it's hard to define where 22 A. No. The technologist. 23 Q. So the specimen above is the control? 21 is on edge. I mean it's hard to define where 22 edge is of a round structure. 23 Q. Mrs. Edwards' mesh explant that you		20	
A. No. The technologist.  22 edge is of a round structure.  23 Q. So the specimen above is the control?  23 Q. Mrs. Edwards' mesh explant that you		1	
Q. So the specimen above is the control? 23 Q. Mrs. Edwards' mesh explant that you	· · · · · · · · · · · · · · · · · · ·	1	
, , , , , , , , , , , , , , , , , , ,		1	
25 Q. Below is the specimen from the block 25 A. Human tissue is mostly protein.			
	` 1		

55 (Pages 214 to 217)

	Page 218		Page 220
1	Q. So Mrs. Edwards' mesh explant had	1	or any tools to manipulate the mesh during the
2	obviously human tissue on it, correct?	2	processing steps?
3	A. Yes.	3	A. During imbedding it's usually handled
4	Q. And this human tissue contains	4	by forceps. I depending on sometimes I
5	protein, correct?	5	just section it and handle it with my fingers.
6	A. Yes.	6	Depends.
7	Q. It was exposed to the formalin with	7	Q. Would you wear gloves?
8	the tissue on it, correct?	8	A. Yes, always. New, new gloves out of
9	A. "It" meaning mesh, yes.	9	the package.
10	Q. The explant, yes.	10	Q. Do proteins have oxygen in them?
11	A. Yes.	11	A. Yes. I mean there is oxygen.
12	Q. Is formaldehyde a substance which	12	You mean oxygen as oxygen gas, or
13	naturally occurs in the body?	13	oxygen as oxygen atoms.
14	A. Maybe in very small amounts.	14	Q. Oxygen atoms, correct.
15	Q. Which	15	A. Yes.
16	A. Very small amounts.	16	Q. For Mrs. Edwards' explant, you didn't
17	Q. Which organ would produce formaldehyde	17	do any energy dispersion spectometry testing?
18	in the human body?	18	A. That's outside of my field.
19	A. Might be I would have to check, but	19	Q. You did not do any scanning electron
20	it might be a product of when the liver is	20	microscopy in Mrs. Edwards' case, correct?
21	metabolizing some substances and toxins. But if	21	A. No. I did not do scanning electron
22	it is, it will be very small amount. I know the	22	microscopy.
23	body's producing some aldehydes. If any of	23	Q. The electron microscopy that you did
24	those aldehydes are containing the same tail as	24	look at strike that.
25	formaldehyde, I don't know for sure. But human	25	The electron microscopy that you did
	Page 219		Page 221
1	body can produce aldehydes. Actually that's	1	do for Mrs. Edwards' explant was done after her
2	what people experience during hangover, because	2	samples had been dried out and set in paraffin,
3	alcohol is being converted to aldehydes.	3	correct?
4	Q. Water was removed from Mrs. Edwards'	4	A. I don't think I've done electron
5	specimens during this processing?	5	microscopy for Ms. Edwards.
6	A. Yes.	6	Q. Okay.
7	Q. How much water?	7	A. I've done it on other Ethicon
8	A. All of it, or most of it.	8	explants.
9	Q. Is it collected and weighed during the	9	Q. So you have not done any type of
10	processes that you had employed?	10	electron microscopy on Mrs. Edwards' explant?
11	A. Water?	11	A. No.
12	Q. Yes.	12	Q. You know that when formaldehyde bonds
13	A. No.	13	with protein polymers a new polymer is formed?
14	Q. The water weight.	14	A. Please repeat the question?
15	A. No.	15	Q. Sure.
16	Q. Is water known as a universal solvent?	16	Do you know that when formaldehyde
	A. Yes. It's a substance which dissolve	17	bonds with protein polymers a new polymer is
17	11. 1 cs. 1t s a substance which dissolve	1 10	formed?
17 18	most the most of the chemicals. I mean no	18	formed.
		19	A. Protein polymer; I'm not sure what you
18	most the most of the chemicals. I mean no		
18 19	most the most of the chemicals. I mean no other solvent can dissolve as many chemicals	19	A. Protein polymer; I'm not sure what you
18 19 20	most the most of the chemicals. I mean no other solvent can dissolve as many chemicals within.  Q. Do you know if water is a known	19 20	A. Protein polymer; I'm not sure what you mean.     Q. Okay. Is that a field outside of your
18 19 20 21	most the most of the chemicals. I mean no other solvent can dissolve as many chemicals within.	19 20 21	<ul><li>A. Protein polymer; I'm not sure what you mean.</li><li>Q. Okay. Is that a field outside of your expertise?</li></ul>
18 19 20 21 22	most the most of the chemicals. I mean no other solvent can dissolve as many chemicals within.  Q. Do you know if water is a known plasticizer, or is that an area outside of your	19 20 21 22	A. Protein polymer; I'm not sure what you mean.     Q. Okay. Is that a field outside of your

56 (Pages 218 to 221)

	Page 222		Page 224
1	with relatively homogeneous simple molecule	1	Q. That's not something you consider
2	which is being linked into continuous chains.	2	yourself an expert on?
3	Proteins are completely different structures.	3	A. No.
4	So I don't think this is a correct term.	4	Q. Have you ever just so I'm clear,
5	Q. When a chemical like formaldehyde	5	you've never prepared a mesh for chemical
6	is it your field of expertise where you know	6	processing and testing?
7	whether when formaldehyde is exposed to	7	A. For those specific tests, no. I
8	proteins, whether they can bond?	8	prepared one sample, as we discussed earlier, as
9	A. That's the role of formalin.	9	a part of XPS analysis. I prepared the sample
10	Formaldehyde crosslinks proteins.	10	for XPS analysis.
11	Q. Okay.	11	Q. XPS?
12	A. Protein becomes sort of tied up in	12	A. XPS.
13	specific sites.	13	Q. What is that?
14	Q. The chemicals we talked about in the	14	A. That's a spectroanalysis of x-ray, I
15	processing of Mrs. Edwards' specimen, the	15	think, radiation, or based on x-ray principles.
16	paraffin strike that.	16	Q. How was it that you came to prepare
17	The chemicals and solutions we	17	that sample?
18	discussed which Mrs. Edwards' mesh specimen were	18	A. I happened to receive the sample,
19	subjected to, including the circulating	19	which was in dry jar and devoid of tissue and
20	formalin, the alcohol, the xylene, and the	20	not exposed to formalin, the jar wasn't labeled
21	paraffin, is that the total of chemicals and	21	as formalin, so it was a good opportunity to
22	solutions that her mesh was submitted to?	22	test it. No formalin exposure, clean filaments
23	A. Then there's staining, so there's	23	without tissue.
24	chemicals during staining.	24	Q. That's not something you did for TVT-O
25	Q. Before we get to staining, were there	25	mesh?
	Page 223		Page 225
1	any others?	1	A. It was not TVT-O mesh.
2	A. That's it. That's it.	2	Q. What type of mesh was that?
3	Q. Okay. Have you ever been involved in	3	A. It was a sling of other manufacturer,
4	doing any chemical analyses of meshes?	4	but I don't remember which manufacturer.
5	A. Well, we have to define what is	5	Q. Did it have tissue on it?
6	chemical analysis. When I stain it, is it	6	A. Partially yes, partially no. The end
7	chemical analysis, and look at it under a	7	filaments were clean.
8	microscope?	8	Q. Did you consult any literature or text
9	Q. No.	9	when you did the preparation of that sling
10	A. You mean specific like XPS analysis?	10	sample?
11	No.	11	A. No. The preparation was pretty
12	Q. Have you ever done FTIR testing on	12	simple, cut off the ends and separate them in
13	meshes?	13	two groups, scratch the surface on one group,
14	A. No.	14	and leave the other group not altered.
15	Q. Is that something you were ever	15	Q. Let's go back to Page 18 in your
16	trained on?	16	report. I'm sorry, go back even further.
17	A. No.	17	A. Yes.
18	Q. Okay. You understand that there are	18	Q. So we were looking at Figure 1a,
19	chemical tests that experts in other disciplines	19	"Nerve Ingrowth."
20	use to analyze chemicals like FTIR testing?	20	A. Which page?
21	A. Yes, I heard I saw some	21	Q. Page 12.
22	publications that were done and can be used.	22	A. Page 12.
23	Q. But that's not something that you	23	Q. So if we're looking at Page 12, you
		1	
24	regularly do in your course of work?	24	see there are two holes where the mesh pores
	regularly do in your course of work?  A. No.	24 25	see there are two holes where the mesh pores were?

1 2	Page 226		Page 228
	A. There are five holes.	1	the tissue. I don't know if there is no
	Q. I'm talking about	2	filaments left in there. How do you know?
3	A. "Hole" as hole left by the mesh	3	Q. Well, it's your report, so you tell
4	filaments in the tissue, or hole between mesh	4	me.
5	filaments?	5	Are there filaments left in there?
6	Q. I'm talking about first to orient	6	A. Because some of them are transparent
7	ourself, let's back up and see if we can reach	7	so you cannot see, you have to polarize just to
8	an agreement.	8	see if polypropylene is still there. Most of
9	Tissue is cut with a microtome,	9	them fall out.
10	right	10	Q. Do you know if polypropylene is still
11	A. Yes.	11	there for Figure 1a?
12	Q four or seven microns thick usually	12	A. I would have to go back to the slide,
13	when you're looking at doing this type of	13	put it on the stage, use polarizer, and see if
14	microscopic analysis, right?	14	it's there. Without polarizer it's very
15	A. Yes.	15	difficult, unless it's blue. If it's blue, then
16	Q. In your lab you cut it about 4	16	you can see the color. But Ethicon meshes are
17	microns, correct?	17	done by two filaments, one blue, one clear, so
18	A. Yes.	18	clear ones wouldn't be visible.
19	Q. And what happens is when you cut	19	Q. Now, those two filaments of mesh, what
20	through the tissue, the mesh will actually fall	20	is that in-between them?
21	out sometimes?	21	A. In-between them?
22	A. Cross-sections of the filaments fall	22	Q. Yes.
23		23	A. They're almost touching.
24	out, yes.  Q. Sometimes there can be some filament	24	Q. Right. But they're not quite
25	left in that hole?	25	touching, correct?
23	lett in that hole:	23	touching, correct:
	Page 227		Page 229
1	A. Yes.	1	A. No.
2	Q. But sometimes, many times it falls	2	O What is that is the town of 1 9
3	out, correct?		Q. What is that in-between them?
5		3	<ul><li>A. I would have to go high power and look</li></ul>
4	A. Yes.	3 4	•
	<ul><li>A. Yes.</li><li>Q. All right. So just to orient</li></ul>		A. I would have to go high power and look
4		4	A. I would have to go high power and look in the microscope. There can be inflammatory
4 5	Q. All right. So just to orient	4 5	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific
4 5 6	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of	4 5 6	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have
4 5 6 7	Q. All right. So just to orient ourselves, we're looking at the two holes that	4 5 6 7	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.
4 5 6 7 8	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.	4 5 6 7 8	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two
4 5 6 7 8 9	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes.	4 5 6 7 8 9	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?
4 5 6 7 8 9	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes.  Q. Okay. Those are two different mesh	4 5 6 7 8 9	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.
4 5 6 7 8 9 10	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes.  Q. Okay. Those are two different mesh fibers that were present?	4 5 6 7 8 9 10	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.  Q. And what's that distance between those
4 5 6 7 8 9 10 11	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes.  Q. Okay. Those are two different mesh fibers that were present?  A. Let's call them filaments.	4 5 6 7 8 9 10 11 12	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.  Q. And what's that distance between those two filaments?  A. I would have to measure it. It looks
4 5 6 7 8 9 10 11 12 13	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes. Q. Okay. Those are two different mesh fibers that were present?  A. Let's call them filaments. Q. Okay. We'll use whatever word you're	4 5 6 7 8 9 10 11 12 13	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.  Q. And what's that distance between those two filaments?  A. I would have to measure it. It looks like there's at least one inflammatory cell, and
4 5 6 7 8 9 10 11 12 13	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes. Q. Okay. Those are two different mesh fibers that were present? A. Let's call them filaments. Q. Okay. We'll use whatever word you're comfortable with. A. Because they are called monofilament	4 5 6 7 8 9 10 11 12 13 14	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.  Q. And what's that distance between those two filaments?  A. I would have to measure it. It looks
4 5 6 7 8 9 10 11 12 13 14 15	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes.  Q. Okay. Those are two different mesh fibers that were present?  A. Let's call them filaments.  Q. Okay. We'll use whatever word you're comfortable with.	4 5 6 7 8 9 10 11 12 13 14 15	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.  Q. And what's that distance between those two filaments?  A. I would have to measure it. It looks like there's at least one inflammatory cell, and a little bit more of that, so my guess would be
4 5 6 7 8 9 10 11 12 13 14 15	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes. Q. Okay. Those are two different mesh fibers that were present? A. Let's call them filaments. Q. Okay. We'll use whatever word you're comfortable with. A. Because they are called monofilament meshes, so I think filament is more appropriate.	4 5 6 7 8 9 10 11 12 13 14 15 16	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.  Q. And what's that distance between those two filaments?  A. I would have to measure it. It looks like there's at least one inflammatory cell, and a little bit more of that, so my guess would be at least 20 microns.
4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes. Q. Okay. Those are two different mesh fibers that were present? A. Let's call them filaments. Q. Okay. We'll use whatever word you're comfortable with. A. Because they are called monofilament meshes, so I think filament is more appropriate. Q. So the polypropylene TVT-O meshes is a	4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.  Q. And what's that distance between those two filaments?  A. I would have to measure it. It looks like there's at least one inflammatory cell, and a little bit more of that, so my guess would be at least 20 microns.  Q. So your best estimate, using cells as
4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes. Q. Okay. Those are two different mesh fibers that were present?  A. Let's call them filaments. Q. Okay. We'll use whatever word you're comfortable with.  A. Because they are called monofilament meshes, so I think filament is more appropriate. Q. So the polypropylene TVT-O meshes is a monofilament mesh? A. Yes.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.  Q. And what's that distance between those two filaments?  A. I would have to measure it. It looks like there's at least one inflammatory cell, and a little bit more of that, so my guess would be at least 20 microns.  Q. So your best estimate, using cells as a scale  A. Yes.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes. Q. Okay. Those are two different mesh fibers that were present? A. Let's call them filaments. Q. Okay. We'll use whatever word you're comfortable with. A. Because they are called monofilament meshes, so I think filament is more appropriate. Q. So the polypropylene TVT-O meshes is a monofilament mesh? A. Yes. Q. Now, these two filaments that we're	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.  Q. And what's that distance between those two filaments?  A. I would have to measure it. It looks like there's at least one inflammatory cell, and a little bit more of that, so my guess would be at least 20 microns.  Q. So your best estimate, using cells as a scale  A. Yes.  Q the distance between those two mesh
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes. Q. Okay. Those are two different mesh fibers that were present? A. Let's call them filaments. Q. Okay. We'll use whatever word you're comfortable with. A. Because they are called monofilament meshes, so I think filament is more appropriate. Q. So the polypropylene TVT-O meshes is a monofilament mesh? A. Yes. Q. Now, these two filaments that we're looking at which appear to be close together and	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.  Q. And what's that distance between those two filaments?  A. I would have to measure it. It looks like there's at least one inflammatory cell, and a little bit more of that, so my guess would be at least 20 microns.  Q. So your best estimate, using cells as a scale  A. Yes.  Q the distance between those two mesh filaments is 20, 30 microns?
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes. Q. Okay. Those are two different mesh fibers that were present? A. Let's call them filaments. Q. Okay. We'll use whatever word you're comfortable with. A. Because they are called monofilament meshes, so I think filament is more appropriate. Q. So the polypropylene TVT-O meshes is a monofilament mesh? A. Yes. Q. Now, these two filaments that we're looking at which appear to be close together and oriented vertically in Figure 1a, those were	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.  Q. And what's that distance between those two filaments?  A. I would have to measure it. It looks like there's at least one inflammatory cell, and a little bit more of that, so my guess would be at least 20 microns.  Q. So your best estimate, using cells as a scale  A. Yes.  Q the distance between those two mesh filaments is 20, 30 microns?  A. Yes. At that level of sectioning,
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes. Q. Okay. Those are two different mesh fibers that were present? A. Let's call them filaments. Q. Okay. We'll use whatever word you're comfortable with. A. Because they are called monofilament meshes, so I think filament is more appropriate. Q. So the polypropylene TVT-O meshes is a monofilament mesh? A. Yes. Q. Now, these two filaments that we're looking at which appear to be close together and oriented vertically in Figure 1a, those were parts where the TVT-O mesh were before	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.  Q. And what's that distance between those two filaments?  A. I would have to measure it. It looks like there's at least one inflammatory cell, and a little bit more of that, so my guess would be at least 20 microns.  Q. So your best estimate, using cells as a scale  A. Yes.  Q the distance between those two mesh filaments is 20, 30 microns?  A. Yes. At that level of sectioning, specifically happened about approximately 20
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. All right. So just to orient ourselves, we're looking at the two holes that are almost stacked vertically in the middle of the page.  A. Yes. Q. Okay. Those are two different mesh fibers that were present? A. Let's call them filaments. Q. Okay. We'll use whatever word you're comfortable with. A. Because they are called monofilament meshes, so I think filament is more appropriate. Q. So the polypropylene TVT-O meshes is a monofilament mesh? A. Yes. Q. Now, these two filaments that we're looking at which appear to be close together and oriented vertically in Figure 1a, those were	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I would have to go high power and look in the microscope. There can be inflammatory cell, a little bit of collagen, some in specific fluids, serum. It depends. I mean I would have to investigate, have a look, maybe stain.  Q. There's tissue in-between those two filaments, correct?  A. Tissue components, yes.  Q. And what's that distance between those two filaments?  A. I would have to measure it. It looks like there's at least one inflammatory cell, and a little bit more of that, so my guess would be at least 20 microns.  Q. So your best estimate, using cells as a scale  A. Yes.  Q the distance between those two mesh filaments is 20, 30 microns?  A. Yes. At that level of sectioning,

58 (Pages 226 to 229)

	Page 230		Page 232
1	that 20, 30-micron space?	1	Q. What are those?
2	A. Maybe less, because sometimes it's	2	A. Those are called twigs, nerve twigs.
3	getting jammed and so forth.	3	It's very, very small branches of nerves getting
4	Q. Okay. There's areas there's	4	into practically one nerve fiber.
5	elements of tissue in that 20 to 30-micron	5	Q. There are nerves that naturally occur
6	space?	6	in the vaginal tissue, correct?
7	A. Yes.	7	A. Yes. I mean all tissue has nerves.
8	Q. If you look at the left side picture,	8	Q. To the left of the mesh filament which
9	now I'm going to I want you to orient to this	9	is in the bottom right corner
10	filament which is the top one that we were	10	A. Yes.
11	looking at	11	Q you see there are clear areas,
12	A. Yes.	12	areas of white?
13	Q here. The space next to it if I	13	A. Yes.
14	had your photos it would be easier. What I've	14	Q. What is that? Are those spaces in
15	drawn here, what is in this space which is to	15	connective tissue?
16	the right of the middle pore?	16	A. Yes. This is just a separation during
17	A. So it's kind of clear?	17	the processing. I would have to look in the
18	Q. Yes.	18	microscope. But sometimes tissue gets little
19	A. It's hard to say. I would have to go	19	bit of retraction space when it's being
20	back to the slide. It could be just a collagen,	20	processed, it retracts, so there's artificial
21	a singular collagen. Because collagen doesn't	21	empty space.
22	stain well with hematoxylin counterstain,	22	Q. Is that what pathologists talk about
23	immunostain, so anything clear on this image	23	when they reference artifacts from the
24	with this sort of quality of printing is either	24	processing?
25	collagen or just empty space.	25	A. Yes. Retraction, tissue retraction is
1	O. Okay, Look at Figure 1b. Can you	1	an artifact.
1 2	Q. Okay. Look at Figure 1b. Can you tell me: what's the magnification?	1 2	an artifact.
	tell me; what's the magnification?		an artifact.  Q. Do nerves come in different shapes?
2	tell me; what's the magnification?  A. This was probably done at 40. At	2	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not
2	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.	2 3	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more
2 3 4	tell me; what's the magnification?  A. This was probably done at 40. At	2 3 4	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not
2 3 4 5	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide,	2 3 4 5	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question?  Q. Yeah. That's fine.
2 3 4 5 6	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown	2 3 4 5 6	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question?  Q. Yeah. That's fine.  They obviously come in different
2 3 4 5 6 7	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.	2 3 4 5 6 7	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question?  Q. Yeah. That's fine.  They obviously come in different sizes, too, depending upon where on the branch
2 3 4 5 6 7 8	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve	2 3 4 5 6 7 8	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question?  Q. Yeah. That's fine.  They obviously come in different
2 3 4 5 6 7 8 9	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?	2 3 4 5 6 7 8	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question?  Q. Yeah. That's fine.  They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve?
2 3 4 5 6 7 8 9	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.	2 3 4 5 6 7 8 9	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question?  Q. Yeah. That's fine.  They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve?  A. Yes.
2 3 4 5 6 7 8 9 10	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.  Q. Directly below them, do you see there	2 3 4 5 6 7 8 9 10	an artifact.  Q. Do nerves come in different shapes? A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question? Q. Yeah. That's fine. They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve? A. Yes. Q. And they can have a different
2 3 4 5 6 7 8 9 10 11	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.  Q. Directly below them, do you see there are two shapes that have distinct morphologic	2 3 4 5 6 7 8 9 10 11	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question?  Q. Yeah. That's fine.  They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve?  A. Yes.  Q. And they can have a different appearance, depending upon how you section
2 3 4 5 6 7 8 9 10 11 12 13	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.  Q. Directly below them, do you see there are two shapes that have distinct morphologic appearances?	2 3 4 5 6 7 8 9 10 11 12 13	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question?  Q. Yeah. That's fine.  They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve?  A. Yes.  Q. And they can have a different appearance, depending upon how you section across the nerve?
2 3 4 5 6 7 8 9 10 11 12 13 14	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.  Q. Directly below them, do you see there are two shapes that have distinct morphologic appearances?  A. Brown?	2 3 4 5 6 7 8 9 10 11 12 13 14	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question?  Q. Yeah. That's fine.  They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve?  A. Yes.  Q. And they can have a different appearance, depending upon how you section across the nerve?  A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.  Q. Directly below them, do you see there are two shapes that have distinct morphologic appearances?  A. Brown?  Q. Below, no, in the darker blue.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question?  Q. Yeah. That's fine.  They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve?  A. Yes.  Q. And they can have a different appearance, depending upon how you section across the nerve?  A. Yes.  Q. So it's important to know the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.  Q. Directly below them, do you see there are two shapes that have distinct morphologic appearances?  A. Brown?  Q. Below, no, in the darker blue.  A. The dark blue, that's smaller	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question?  Q. Yeah. That's fine.  They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve?  A. Yes.  Q. And they can have a different appearance, depending upon how you section across the nerve?  A. Yes.  Q. So it's important to know the orientation of the nerve in the slide that
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.  Q. Directly below them, do you see there are two shapes that have distinct morphologic appearances?  A. Brown?  Q. Below, no, in the darker blue.  A. The dark blue, that's smaller arterial.  Q. Those are blood vessels?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	an artifact.  Q. Do nerves come in different shapes? A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question? Q. Yeah. That's fine. They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve? A. Yes. Q. And they can have a different appearance, depending upon how you section across the nerve? A. Yes. Q. So it's important to know the orientation of the nerve in the slide that you're looking at when it's cut, right?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.  Q. Directly below them, do you see there are two shapes that have distinct morphologic appearances?  A. Brown?  Q. Below, no, in the darker blue.  A. The dark blue, that's smaller arterial.  Q. Those are blood vessels?  A. Blood vessels, yes, larger blood	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	an artifact.  Q. Do nerves come in different shapes? A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question? Q. Yeah. That's fine. They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve? A. Yes. Q. And they can have a different appearance, depending upon how you section across the nerve? A. Yes. Q. So it's important to know the orientation of the nerve in the slide that you're looking at when it's cut, right? A. Yes. I mean the orientation will be of this cross-section will be different
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.  Q. Directly below them, do you see there are two shapes that have distinct morphologic appearances?  A. Brown?  Q. Below, no, in the darker blue.  A. The dark blue, that's smaller arterial.  Q. Those are blood vessels?  A. Blood vessels, yes, larger blood vessels in terms of capillaries. It's larger	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	an artifact.  Q. Do nerves come in different shapes? A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question? Q. Yeah. That's fine. They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve? A. Yes. Q. And they can have a different appearance, depending upon how you section across the nerve? A. Yes. Q. So it's important to know the orientation of the nerve in the slide that you're looking at when it's cut, right? A. Yes. I mean the orientation will be of this cross-section will be different depending on the or shape of cross-section
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.  Q. Directly below them, do you see there are two shapes that have distinct morphologic appearances?  A. Brown?  Q. Below, no, in the darker blue.  A. The dark blue, that's smaller arterial.  Q. Those are blood vessels?  A. Blood vessels, yes, larger blood vessels in terms of capillaries. It's larger than capillary.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question?  Q. Yeah. That's fine.  They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve?  A. Yes.  Q. And they can have a different appearance, depending upon how you section across the nerve?  A. Yes.  Q. So it's important to know the orientation of the nerve in the slide that you're looking at when it's cut, right?  A. Yes. I mean the orientation will be of this cross-section will be different depending on the or shape of cross-section will be different depending on orientation.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.  Q. Directly below them, do you see there are two shapes that have distinct morphologic appearances?  A. Brown?  Q. Below, no, in the darker blue.  A. The dark blue, that's smaller arterial.  Q. Those are blood vessels?  A. Blood vessels, yes, larger blood vessels in terms of capillaries. It's larger than capillary.  Q. Look at the bottom left corner of the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	an artifact.  Q. Do nerves come in different shapes? A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question? Q. Yeah. That's fine. They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve? A. Yes. Q. And they can have a different appearance, depending upon how you section across the nerve? A. Yes. Q. So it's important to know the orientation of the nerve in the slide that you're looking at when it's cut, right? A. Yes. I mean the orientation will be of this cross-section will be different depending on the or shape of cross-section
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.  Q. Directly below them, do you see there are two shapes that have distinct morphologic appearances?  A. Brown?  Q. Below, no, in the darker blue.  A. The dark blue, that's smaller arterial.  Q. Those are blood vessels?  A. Blood vessels, yes, larger blood vessels in terms of capillaries. It's larger than capillary.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	an artifact.  Q. Do nerves come in different shapes?  A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question?  Q. Yeah. That's fine.  They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve?  A. Yes.  Q. And they can have a different appearance, depending upon how you section across the nerve?  A. Yes.  Q. So it's important to know the orientation of the nerve in the slide that you're looking at when it's cut, right?  A. Yes. I mean the orientation will be of this cross-section will be different depending on orientation.  Q. Look at Figure 1c.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	tell me; what's the magnification?  A. This was probably done at 40. At least 25 objective. Probably 25.  Q. If we're looking at the left slide, these brown  A. It's a nerve branch.  Q. It's your opinion those are nerve branches?  A. Yes.  Q. Directly below them, do you see there are two shapes that have distinct morphologic appearances?  A. Brown?  Q. Below, no, in the darker blue.  A. The dark blue, that's smaller arterial.  Q. Those are blood vessels?  A. Blood vessels, yes, larger blood vessels in terms of capillaries. It's larger than capillary.  Q. Look at the bottom left corner of the picture. You see there's two these two brown	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	an artifact.  Q. Do nerves come in different shapes? A. Of course, they're all different. Not different as round and square, they're more rounded. But does that answer your question? Q. Yeah. That's fine. They obviously come in different sizes, too, depending upon where on the branch that you're looking at on the nerve? A. Yes. Q. And they can have a different appearance, depending upon how you section across the nerve? A. Yes. Q. So it's important to know the orientation of the nerve in the slide that you're looking at when it's cut, right? A. Yes. I mean the orientation will be of this cross-section will be different depending on the or shape of cross-section will be different depending on orientation. Q. Look at Figure 1c. A. Yes.

59 (Pages 230 to 233)

	Page 234		Page 236
1	A. Yes. That's what it states, yes.	1	describe this so we have
2	Q. Who was it?	2	A. It's an acute angle. The nerve
3	A. I don't know. Another patient who had	3	orientation along the long axis is at an acute
4	TVT-O explanted, TVT-O mesh explanted.	4	angle to the sectioning plane.
5	Q. Would you have back at your office	5	Q. And so for the record, you had your
6	that patient's medical history, full medical	6	top hand essentially parallel with the table,
7	history?	7	correct?
8	A. I have to see what was this patient	8	A. Yes.
9	and what was what medical records I had	9	Q. And the nerve is not under it directly
10	available for that specific patient.	10	parallel, but tilted up such that it would
11	Q. Do you know the orientation of the	11	transverse the plane?
12	tissue that was processed for the pictures in	12	A. Yes.
13	Figure 1c?	13	Q. And it's at a significant angle,
14	A. Orientation of the tissue, or	14	correct?
15	orientation of the mesh?	15	A. It's an acute angle.
16	Q. Orientation of the tissue.	16	Q. Acute. I couldn't remember your word.
17	A. I don't think I can well, how do	17	A. It's not 90 degrees. It's less than
18	you define "orientation of the tissue"? The	18	90 degrees.
19	mesh here, at least that part, was oriented the	19	Q. So would you estimate 10 to
20	way that filaments were perpendicular to the	20	15 degrees?
21	sectioning plane, because I can see that it's	21	A. Yeah, that's a reasonable estimate.
22	almost rounded. Tissue orientation doesn't have	22	One is has smaller the one on the right
23	landmarks, so you cannot define tissue	23	has smaller angle, and the one on the left has
24	orientation. Tissue itself has a landmark, so	24	larger angle.
25	the longer access, shorter access.	25	Q. Do you know what the power was on
	Page 235		Page 237
1	Q. So what you're saying is because the	1	Figure 1c?
2	mesh filaments appear to be pretty circular	2	A. At least 25. The nerves are sizable.
3	A. Yes.	3	These nerves are almost as thick as the
4	Q the mesh was oriented perpendicular	4	filament, so they're good nerves with good
5	to the way the cut was made?	5	perineurium.
6	A. These specific filaments, they were	6	Q. What does that mean?
7	oriented perpendicular. And as you can see in	7	A. Nerves, when they get larger, they
8	the blocks, the mesh is oriented perpendicular.	8	form specific sort of sheath of connective
9	Q. Okay. How were those nerves the	9	tissue, which is called perineurium. So you can
10	brown staining, it's your opinion those are	10	go to nerves with perineurium, and then they
11	nerves?	11	slowly lose perineurium, they become thinner and
12	A. Yes.	12	thinner, and then taper down to small fibers
13	Q. Okay. And how were they oriented?	13	which are called nerve twigs.
14	A. These nerves (indicating)?	14	Q. There's no mesh filaments on the
15	Q. Yes.	15	outside of these nerves on Figure 1c, correct?
16	A. These are perpendicular to the	16	A. I have to can you repeat the
16	filaments.	17	question?
17	maments.		
	Q. I think we're how was the nerve	18	Q. Sure.
17		18 19	<ul><li>Q. Sure.</li><li>There's no mesh filaments outside</li></ul>
17 18	Q. I think we're how was the nerve		
17 18 19	Q. I think we're how was the nerve oriented in the tissue block at the time this	19	There's no mesh filaments outside
17 18 19 20	Q. I think we're how was the nerve oriented in the tissue block at the time this cut was made?	19 20	There's no mesh filaments outside adjacent to these nerves in Figure 1c, correct?
17 18 19 20 21	Q. I think we're how was the nerve oriented in the tissue block at the time this cut was made?  A. The nerves are at an acute angle to	19 20 21	There's no mesh filaments outside adjacent to these nerves in Figure 1c, correct?  A. You mean on this side (indicating)?
17 18 19 20 21 22	Q. I think we're how was the nerve oriented in the tissue block at the time this cut was made?  A. The nerves are at an acute angle to the tissue, to the sectioning plane, something	19 20 21 22	There's no mesh filaments outside adjacent to these nerves in Figure 1c, correct?  A. You mean on this side (indicating)?  Q. On the opposite side of where

60 (Pages 234 to 237)

	Page 238		Page 240
1	Q. But on the outside of those nerves,	1	A. I can only guess. 100 microns.
2	there's no mesh filters?	2	Q. How does the tissue get into that
3	A. I don't know. It's not in the	3	area?
4	picture. Because see, this is .2-millimeter,	4	A. Grows in.
5	this is .2-millimeter, so this distance is less	5	Q. Is that from the fibroblasts?
6	than a millimeter. So if we check with the	6	A. Fibroblasts included, to generate that
7	largest span of the largest pores, the next set	7	tissue, blood vessel need to be close by, then
8	of these filaments will be probably somewhere	8	fibroblasts need to come in, lay down collagen,
9	here (indicating). So I would have to go and	9	and the whole process.
10	check what was in the slide.	10	Q. Turn to Figure 2b.
11	Q. Okay. Figure 2a, is this	11	A. Yes.
12	Mrs. Edwards' mesh?	12	Q. Do you know what power this was taken
13	A. 2a, it doesn't state that it's	13	at?
14	Ms. Edwards'.	14	A. This is a low power. Most likely 2.5.
15	Q. If you took pictures of Mrs. Edwards	15	Q. And this isn't Mrs. Edwards' mesh
16	and put them in your report, you would have	16	sling, correct?
17	labeled them "Mrs. Edwards"?	17	A. No. Oh, actually that's here, the low
18	A. Yes.	18	power of one of the images. That answers your
19	Q. You say here "Nerve entrapment and	19	question.
20	deformation in an explanted TVT-O sling S100	20	So this mesh was migrating, so it
21	stain, mesh filaments filled yellow in the lower	21	stretched the nerve. See the 2b lower?
22	image copy."	22	Q. Yes.
23	In this case the mesh was curving	23	A. This one, this part (indicating).
24	together with ingrown nerves, correct?	24	Q. Let me just put my glasses on. Go
25	A. Yes.	25	ahead.
	Page 239		Page 241
1	Q. For the I take it your opinion is	1	A. See this part (indicating)?
2	that the brown in the middle is a nerve?	2	Q. For the record, you're indicating the
3	A. Yes.	3	upper right corner and you're now referencing
4	Q. Okay. And then there's is that	4	back to Figure 1c, correct?
5	tissue that's above and below it before you get	5	A. Yes.
6	to the mesh filaments?	6	So this is a high power, this area, so
7	A. Yes. Everything is tissue here.	7	see this is very abnormal shape of a nerve. So
8	Q. What type of tissue is that which is	8	what happens and see, this mesh is also
9	above and below the nerve?	9	folded, so it's a fold of the mesh, and then
10	A. Scar collagen.	10	mesh migrates in the tissue, and then stretch
11	Q. What are the blue dots?	11	the nerve here. So this is not ingrowth, but it
12	A. Formatory cells, fibrocytes.	12	is deformation of the nerve by a migrating mesh
13	Q. And fibrocytes, what do they do?	13	also deformed, because you can see it's curled
14	A. Fibrocytes is a retired fibroblast.	14	up like this (indicating).
15	Fibroblasts generate collagen, and then they	15	Q. How is it curled?
16	become inactive, and they become fibrocytes.	16	A. Well, you see this one layer of mesh
17	Q. And between the mesh filaments in the	17	and then this is the end of it. So it's like
	bottom corner	18	that (indicating).
18		1 10	Q. How do you know that's not just the
18 19	A. You have to lift it up.	19	· · · · · · · · · · · · · · · · · · ·
18	<ul><li>A. You have to lift it up.</li><li>Q. I'm sorry.</li></ul>	20	plane in which the mesh was sectioned, such that
18 19	A. You have to lift it up.		· · · · · · · · · · · · · · · · · · ·
18 19 20	<ul><li>A. You have to lift it up.</li><li>Q. I'm sorry.</li></ul>	20 21 22	plane in which the mesh was sectioned, such that you're getting junctions of the mesh, or the knitted
18 19 20 21 22 23	A. You have to lift it up. Q. I'm sorry. The mesh filaments in the bottom corner, there's also tissue in-between them? A. Yes.	20 21 22 23	plane in which the mesh was sectioned, such that you're getting junctions of the mesh, or the knitted  A. Well, it's either curled like this or
18 19 20 21 22	A. You have to lift it up. Q. I'm sorry. The mesh filaments in the bottom corner, there's also tissue in-between them?	20 21 22	plane in which the mesh was sectioned, such that you're getting junctions of the mesh, or the knitted

61 (Pages 238 to 241)

	Page 242		Page 244
1	second. If it was one layer of a mesh, you	1	ingrows into the mesh.
2	would have just this structure continue. If	2	Q. Why are there nerves down in the
3	there is anything beyond that, it either curled	3	bottom corner strike that.
4	like this, it then provided this filament, or	4	Why are there nerves in the bottom of
5	like that or like this. So there is a	5	Figure 2b? In this area here I've circled.
6	deformation of the mesh (indicating).	6	A. Why there?
7	Q. But this isn't Mrs. Edwards' mesh,	7	Q. Yes.
8	though, right?	8	A. Because they just happened to be
9	A. No, no. It's a TVT-O sling, but it's	9	there. They had
10	not Ms. Edwards'.	10	Q. Do you know whether those nerves were
11	Q. And the brown areas on Figure 2b, it's	11	there before?
12	your opinion that those are nerves?	12	A. Before the mesh placement?
13	A. Yes.	13	Q. Yes.
14	Q. Now, down at the bottom of the picture	14	A. Those exactly nerves below?
15	there's a whole bunch of nerves, correct?	15	O. Yes.
16	A. Yes.	16	A. They could have been. Because they
17	Q. That's your opinion, correct?	17	are beyond the area which was created by the
18	A. Yes. It's a very densely integrated	18	mesh placement.
19	tissue, yes.	19	See, everything from here, from here
20	Q. There's no mesh adjacent to that,	20	to there wasn't there before surgery. Or at
21	correct?	21	least anything, if we apply strict rules,
22	A. At the end?	22	anything in-between here wasn't there before
23	O. Correct.	23	surgery.
24	A. No, it's on here.	24	Now, if the mesh curled up during
25	Q. Right.	25	surgery, this pocket was intra-operatively. If
	<u> </u>		engoly, and position was much operationally. If
	Page 243		- 045
	1496 213		Page 245
1	There's mesh up above it, correct?	1	the mesh migrated and curled up after surgery,
1 2		1 2	
	There's mesh up above it, correct?		the mesh migrated and curled up after surgery,
2	There's mesh up above it, correct? A. Yes.	2	the mesh migrated and curled up after surgery, then this tissue could have been entrapped
2 3	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and	2 3	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine
2 3 4	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?	2 3 4	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or
2 3 4 5	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh	2 3 4 5	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms
2 3 4 5 6	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are	2 3 4 5 6	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow
2 3 4 5 6 7	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you	2 3 4 5 6 7	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is
2 3 4 5 6 7 8	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are	2 3 4 5 6 7 8	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow
2 3 4 5 6 7 8 9	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you	2 3 4 5 6 7 8	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is
2 3 4 5 6 7 8 9	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently	2 3 4 5 6 7 8 9	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).
2 3 4 5 6 7 8 9 10	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently had to make it all the way here, but then,	2 3 4 5 6 7 8 9 10	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).  Q. Are you saying that nerve in the top
2 3 4 5 6 7 8 9 10 11	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently had to make it all the way here, but then, because it's a very unnatural way for a nerve to	2 3 4 5 6 7 8 9 10 11	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).  Q. Are you saying that nerve in the top right corner is the same nerve that's growing
2 3 4 5 6 7 8 9 10 11 12 13	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently had to make it all the way here, but then, because it's a very unnatural way for a nerve to connect to a target tissue, it's clear that the	2 3 4 5 6 7 8 9 10 11 12 13	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).  Q. Are you saying that nerve in the top right corner is the same nerve that's growing around?
2 3 4 5 6 7 8 9 10 11 12 13 14	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently had to make it all the way here, but then, because it's a very unnatural way for a nerve to connect to a target tissue, it's clear that the mesh was migrating, deforming, and deforming in	2 3 4 5 6 7 8 9 10 11 12 13 14	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).  Q. Are you saying that nerve in the top right corner is the same nerve that's growing around?  A. It could be. I don't know.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently had to make it all the way here, but then, because it's a very unnatural way for a nerve to connect to a target tissue, it's clear that the mesh was migrating, deforming, and deforming in an ingrown branch by the shape of all of this.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).  Q. Are you saying that nerve in the top right corner is the same nerve that's growing around?  A. It could be. I don't know.  Q. So you're assuming that's the same
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently had to make it all the way here, but then, because it's a very unnatural way for a nerve to connect to a target tissue, it's clear that the mesh was migrating, deforming, and deforming in an ingrown branch by the shape of all of this.  Q. How do you know that nerve wasn't	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).  Q. Are you saying that nerve in the top right corner is the same nerve that's growing around?  A. It could be. I don't know.  Q. So you're assuming that's the same nerve?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently had to make it all the way here, but then, because it's a very unnatural way for a nerve to connect to a target tissue, it's clear that the mesh was migrating, deforming, and deforming in an ingrown branch by the shape of all of this.  Q. How do you know that nerve wasn't there before the mesh?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).  Q. Are you saying that nerve in the top right corner is the same nerve that's growing around?  A. It could be. I don't know.  Q. So you're assuming that's the same nerve?  A. It could be.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently had to make it all the way here, but then, because it's a very unnatural way for a nerve to connect to a target tissue, it's clear that the mesh was migrating, deforming, and deforming in an ingrown branch by the shape of all of this.  Q. How do you know that nerve wasn't there before the mesh?  A. It's within the space of the mesh.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).  Q. Are you saying that nerve in the top right corner is the same nerve that's growing around?  A. It could be. I don't know.  Q. So you're assuming that's the same nerve?  A. It could be. Q. You don't know?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently had to make it all the way here, but then, because it's a very unnatural way for a nerve to connect to a target tissue, it's clear that the mesh was migrating, deforming, and deforming in an ingrown branch by the shape of all of this.  Q. How do you know that nerve wasn't there before the mesh?  A. It's within the space of the mesh.  This tissue, this tissue didn't exist before the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).  Q. Are you saying that nerve in the top right corner is the same nerve that's growing around?  A. It could be. I don't know. Q. So you're assuming that's the same nerve?  A. It could be. Q. You don't know? A. I don't know for sure.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently had to make it all the way here, but then, because it's a very unnatural way for a nerve to connect to a target tissue, it's clear that the mesh was migrating, deforming, and deforming in an ingrown branch by the shape of all of this.  Q. How do you know that nerve wasn't there before the mesh?  A. It's within the space of the mesh.  This tissue, this tissue didn't exist before the mesh was placed. We started discussing before	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).  Q. Are you saying that nerve in the top right corner is the same nerve that's growing around?  A. It could be. I don't know. Q. So you're assuming that's the same nerve?  A. It could be. Q. You don't know? A. I don't know for sure. Q. Do you see some of the nerves in the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently had to make it all the way here, but then, because it's a very unnatural way for a nerve to connect to a target tissue, it's clear that the mesh was migrating, deforming, and deforming in an ingrown branch by the shape of all of this.  Q. How do you know that nerve wasn't there before the mesh?  A. It's within the space of the mesh.  This tissue, this tissue didn't exist before the mesh was placed. We started discussing before lunch break the trocar damages tissue, creates a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).  Q. Are you saying that nerve in the top right corner is the same nerve that's growing around?  A. It could be. I don't know. Q. So you're assuming that's the same nerve?  A. It could be. Q. You don't know? A. I don't know for sure. Q. Do you see some of the nerves in the bottom here?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently had to make it all the way here, but then, because it's a very unnatural way for a nerve to connect to a target tissue, it's clear that the mesh was migrating, deforming, and deforming in an ingrown branch by the shape of all of this.  Q. How do you know that nerve wasn't there before the mesh?  A. It's within the space of the mesh.  This tissue, this tissue didn't exist before the mesh was placed. We started discussing before lunch break the trocar damages tissue, creates a cavity, and then mesh fills that cavity with its	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).  Q. Are you saying that nerve in the top right corner is the same nerve that's growing around?  A. It could be. I don't know. Q. So you're assuming that's the same nerve?  A. It could be. Q. You don't know? A. I don't know for sure. Q. Do you see some of the nerves in the bottom here? A. Both are deformed. Both segments
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	There's mesh up above it, correct?  A. Yes.  Q. But down there, there's nerves, and there's no mesh around it?  A. In nerves are seen so this is mesh which is curled either this way or that way, so these nerves are trapped in the pocket of deformation. These little guys in there are within the mesh core. So this nerve is, as you can see, between this, so the nerve apparently had to make it all the way here, but then, because it's a very unnatural way for a nerve to connect to a target tissue, it's clear that the mesh was migrating, deforming, and deforming in an ingrown branch by the shape of all of this.  Q. How do you know that nerve wasn't there before the mesh?  A. It's within the space of the mesh.  This tissue, this tissue didn't exist before the mesh was placed. We started discussing before lunch break the trocar damages tissue, creates a cavity, and then mesh fills that cavity with its own compartments, because mesh is	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	the mesh migrated and curled up after surgery, then this tissue could have been entrapped during deformation. So it's hard to determine if it was an intra-operative deformation or later. But this corner, because it deforms nerve, it migrated later. So I can say that by this shape of the nerve, this migration happened to be post-operatively. The nerves cannot grow in almost like a 360 degrees circle. This is really curled position (indicating).  Q. Are you saying that nerve in the top right corner is the same nerve that's growing around?  A. It could be. I don't know. Q. So you're assuming that's the same nerve?  A. It could be. Q. You don't know? A. I don't know for sure. Q. Do you see some of the nerves in the bottom here? A. Both are deformed. Both segments if it's the same nerve, it's one nerve deformed.

	Page 246		Page 248
1	Q. The nerve down in the bottom away from	1	nerve?
2	the mesh, did you count the density of those	2	A. You have to point which blue dots.
3	nerves for that area and compare it to the nerve	3	Q. There's all different blue dots.
4	density in the area within the mesh?	4	A. Mostly are inflammatory cells or
5	A. No, not for these specific samples.	5	fibrocytes, or nuclei of inflammatory cells.
6	Why it's not done? Because then some how	6	Q. This isn't a neuroma, correct?
7	does mesh or how can mesh influence nerve	7	A. No. Neuroma is the post-traumatic
8	ingrowth or nerve regeneration by chemicals. So	8	deformation of nerve which appears as a
9	if there are any chemical substances either	9	combination of deformed nerve and scar.
10	produced by mesh or by interaction of the mesh	10	Q. Go to Figure 3a. Can you tell me
11	with the body, your body produces some growth	11	what's the power of this photo?
12	factors when the mesh is placed, these chemicals	12	A. Probably 25. Maybe lower. Maybe 10.
13	can spread over larger area, so it's not	13	Q. And that's tissue which is in-between
14	scientific to limit your analysis here. You can	14	the mucosa and the mesh filaments?
15	do this test, but arguably influence of the mesh	15	A. Yes.
16	can stretch further up. So technically you	16	Q. Are nerves, is the mucosa made of
17	should measure everything which is in the tissue	17	strike that.
18	which is changed. This tissue is changed.	18	Are there nerves in mucosa?
19	There's collagen here.	19	A. Nerve endings, but no nerves. There
20	Q. So now you're testifying that that	20	is no nerves in the epithelium.
21	changed because of the mesh?	21	Q. You say "At this location, an external
22	A. Collagen, the position in such a	22	pressure (intercourse) can compress the nerves
23	density?	23	against the hardened mesh"?
24	Q. The tissue at the bottom of this	24	A. Yes.
25	picture.	25	Q. Why did you say "can compress"?
23	picture.		Qy and you only can compress .
	Page 247		Page 249
1	Page 247  A. At least part of it, yes, if this is	1	Page 249  A. I guess it depends on the specific
1 2	A. At least part of it, yes, if this is scar tissue.	1 2	
	A. At least part of it, yes, if this is		A. I guess it depends on the specific
2	A. At least part of it, yes, if this is scar tissue.	2	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but
2	<ul><li>A. At least part of it, yes, if this is scar tissue.</li><li>Q. Is it scar tissue?</li></ul>	2 3	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific
2 3 4	<ul><li>A. At least part of it, yes, if this is scar tissue.</li><li>Q. Is it scar tissue?</li><li>A. From this power it's hard to say, but</li></ul>	2 3 4	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but
2 3 4 5	<ul> <li>A. At least part of it, yes, if this is scar tissue.</li> <li>Q. Is it scar tissue?</li> <li>A. From this power it's hard to say, but</li> <li>I mean it's light enough to be a scar tissue and</li> </ul>	2 3 4 5	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.
2 3 4 5 6	<ul> <li>A. At least part of it, yes, if this is scar tissue.</li> <li>Q. Is it scar tissue?</li> <li>A. From this power it's hard to say, but</li> <li>I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go</li> </ul>	2 3 4 5 6	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure
2 3 4 5 6 7	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly	2 3 4 5 6 7	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.
2 3 4 5 6 7 8	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.	2 3 4 5 6 7 8	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained
2 3 4 5 6 7 8 9	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just	2 3 4 5 6 7 8	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her
2 3 4 5 6 7 8 9	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond	2 3 4 5 6 7 8 9	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?
2 3 4 5 6 7 8 9 10	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond the mesh structures. There are four, if you	2 3 4 5 6 7 8 9 10	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?  A. I have to go back to the summary. If
2 3 4 5 6 7 8 9 10 11	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond the mesh structures. There are four, if you assess the scar, the scar affects area larger	2 3 4 5 6 7 8 9 10 11	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?  A. I have to go back to the summary. If there was dyspareunia, then she did.
2 3 4 5 6 7 8 9 10 11 12 13	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond the mesh structures. There are four, if you assess the scar, the scar affects area larger than the mesh itself.	2 3 4 5 6 7 8 9 10 11 12 13	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?  A. I have to go back to the summary. If there was dyspareunia, then she did.  Q. While you're looking, just so you
2 3 4 5 6 7 8 9 10 11 12 13 14	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond the mesh structures. There are four, if you assess the scar, the scar affects area larger than the mesh itself.  Q. Move to Figure 2c. What power was	2 3 4 5 6 7 8 9 10 11 12 13 14	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?  A. I have to go back to the summary. If there was dyspareunia, then she did.  Q. While you're looking, just so you understand my question, it's a precise one
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond the mesh structures. There are four, if you assess the scar, the scar affects area larger than the mesh itself.  Q. Move to Figure 2c. What power was this taken at?	2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?  A. I have to go back to the summary. If there was dyspareunia, then she did.  Q. While you're looking, just so you understand my question, it's a precise one A. If she complained
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond the mesh structures. There are four, if you assess the scar, the scar affects area larger than the mesh itself.  Q. Move to Figure 2c. What power was this taken at?  A. This was with 40X.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?  A. I have to go back to the summary. If there was dyspareunia, then she did.  Q. While you're looking, just so you understand my question, it's a precise one A. If she complained Q did Mrs. Edwards complain to her
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond the mesh structures. There are four, if you assess the scar, the scar affects area larger than the mesh itself.  Q. Move to Figure 2c. What power was this taken at?  A. This was with 40X.  Q. And your opinion is this shows central	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?  A. I have to go back to the summary. If there was dyspareunia, then she did.  Q. While you're looking, just so you understand my question, it's a precise one A. If she complained Q did Mrs. Edwards complain to her doctors in the medical records in the five years
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond the mesh structures. There are four, if you assess the scar, the scar affects area larger than the mesh itself.  Q. Move to Figure 2c. What power was this taken at?  A. This was with 40X.  Q. And your opinion is this shows central degeneration?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?  A. I have to go back to the summary. If there was dyspareunia, then she did.  Q. While you're looking, just so you understand my question, it's a precise one A. If she complained Q did Mrs. Edwards complain to her doctors in the medical records in the five years following her surgery when the TVT-O was
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond the mesh structures. There are four, if you assess the scar, the scar affects area larger than the mesh itself.  Q. Move to Figure 2c. What power was this taken at?  A. This was with 40X.  Q. And your opinion is this shows central degeneration?  A. It's demyelination. It's not	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?  A. I have to go back to the summary. If there was dyspareunia, then she did.  Q. While you're looking, just so you understand my question, it's a precise one  A. If she complained  Q did Mrs. Edwards complain to her doctors in the medical records in the five years following her surgery when the TVT-O was implanted?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond the mesh structures. There are four, if you assess the scar, the scar affects area larger than the mesh itself.  Q. Move to Figure 2c. What power was this taken at?  A. This was with 40X.  Q. And your opinion is this shows central degeneration?  A. It's demyelination. It's not myelinated anymore. The central part of the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?  A. I have to go back to the summary. If there was dyspareunia, then she did.  Q. While you're looking, just so you understand my question, it's a precise one A. If she complained Q did Mrs. Edwards complain to her doctors in the medical records in the five years following her surgery when the TVT-O was implanted?  MR. FABRY: Objection to the form.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond the mesh structures. There are four, if you assess the scar, the scar affects area larger than the mesh itself.  Q. Move to Figure 2c. What power was this taken at?  A. This was with 40X.  Q. And your opinion is this shows central degeneration?  A. It's demyelination. It's not myelinated anymore. The central part of the nerve is not myelinated.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?  A. I have to go back to the summary. If there was dyspareunia, then she did.  Q. While you're looking, just so you understand my question, it's a precise one A. If she complained Q did Mrs. Edwards complain to her doctors in the medical records in the five years following her surgery when the TVT-O was implanted?  MR. FABRY: Objection to the form. The record speaks for itself.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond the mesh structures. There are four, if you assess the scar, the scar affects area larger than the mesh itself.  Q. Move to Figure 2c. What power was this taken at?  A. This was with 40X.  Q. And your opinion is this shows central degeneration?  A. It's demyelination. It's not myelinated anymore. The central part of the nerve is not myelinated.  Q. Is that a vessel directly above the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?  A. I have to go back to the summary. If there was dyspareunia, then she did.  Q. While you're looking, just so you understand my question, it's a precise one A. If she complained Q did Mrs. Edwards complain to her doctors in the medical records in the five years following her surgery when the TVT-O was implanted?  MR. FABRY: Objection to the form. The record speaks for itself.  A. I have to look, I don't remember where
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. At least part of it, yes, if this is scar tissue.  Q. Is it scar tissue?  A. From this power it's hard to say, but I mean it's light enough to be a scar tissue and it's not adipose tissue. I would have to go back and look at the slide to tell you exactly if it's a scar or not.  But generally, scar tissue not just fills the mesh, also extends beyond mesh, beyond the mesh structures. There are four, if you assess the scar, the scar affects area larger than the mesh itself.  Q. Move to Figure 2c. What power was this taken at?  A. This was with 40X.  Q. And your opinion is this shows central degeneration?  A. It's demyelination. It's not myelinated anymore. The central part of the nerve is not myelinated.  Q. Is that a vessel directly above the nerve?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. I guess it depends on the specific intercourse movements, if there is direct compression. Anything in the vagina can be influenced or affected by intercourse, but specific position can avoid pressure at specific sites and can, I guess, have higher pressure than other sites.  Q. Do you know if Mrs. Edwards complained of pain with sex in the five years following her mesh implantation?  A. I have to go back to the summary. If there was dyspareunia, then she did.  Q. While you're looking, just so you understand my question, it's a precise one A. If she complained Q did Mrs. Edwards complain to her doctors in the medical records in the five years following her surgery when the TVT-O was implanted?  MR. FABRY: Objection to the form.  The record speaks for itself.  A. I have to look, I don't remember where she complained. I remember one of the

	Page 250		Page 252
1	You have to understand that I have	1	A. There can be.
2	multiple litigations with multiple patients, and	2	Q. This myeloperoxidase stain
3	I have my own 5,000 cases a year.	3	A. Yes.
4	(Witness reviewing document.)	4	Q the slide has colors of brown and
5	A. So the recorded complications which	5	blue. Which is the positive?
6	were recorded in 2011 included dyspareunia. So	6	A. Immunohistochemistry is positive when
7	sometime between 2005 and 2011 she experienced	7	it's brown, because it gives the color. Blue is
8	dyspareunia. That's what was recorded.	8	counterstain so you can see negative tissue.
9	BY MR. SNELL:	9	And blue is usually hematoxylin or some
10	Q. And it's your belief that was recorded	10	combination of hematoxylin and some other blue
11	in the records?	11	stain.
12	A. I just copied whatever was in the	12	Q. Figure 5, that's not Mrs. Edwards,
13	records.	13	correct?
14	Q. Okay. Turn to Figure 4a, jump over.	14	A. No.
15	A. Yes.	15	Q. Do you know what power these were
16	Q. As well as 4b.	16	taken at in Figure 5?
17	These are not Mrs. Edwards, correct?	17	A. Probably times 10.
18	A. No.	18	Q. Sorry?
19	Q. Are these TVT-O mesh?	19	A. Times 10.
20	A. No.	20	Here you can see that this still
21	Q. And I think one of the things you	21	remain filament, that's blue. And this one is
22	pointed out here was there was a giant cell	22	crinkled, just an edge pulled off.
23	which you could see on this pathology slide?	23	Q. You note you write here, there's
24	A. Yes.	24	arrow legend that says "congested vessels."
25	Q. And giant cells can form during part	25	How do you know the status of that
23	Q. And grant cens can form during part	23	flow do you know the status of that
	Page 251		Page 253
			rage 255
1	of the foreign body reaction?	1	vessel, and whether it was congested before mesh
1 2	of the foreign body reaction? A. Yes.	1 2	
			vessel, and whether it was congested before mesh
2	A. Yes.	2	vessel, and whether it was congested before mesh placement?
2 3	<ul><li>A. Yes.</li><li>Q. Can giant cells form in the body even</li></ul>	2	vessel, and whether it was congested before mesh placement?  A. Before placement?
2 3 4	<ul><li>A. Yes.</li><li>Q. Can giant cells form in the body even if a foreign body is not present?</li></ul>	2 3 4	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.
2 3 4 5	<ul><li>A. Yes.</li><li>Q. Can giant cells form in the body even if a foreign body is not present?</li><li>A. Yes.</li></ul>	2 3 4 5	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't
2 3 4 5 6	<ul><li>A. Yes.</li><li>Q. Can giant cells form in the body even if a foreign body is not present?</li><li>A. Yes.</li><li>Q. When?</li></ul>	2 3 4 5 6	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh
2 3 4 5 6 7	<ul> <li>A. Yes.</li> <li>Q. Can giant cells form in the body even if a foreign body is not present?</li> <li>A. Yes.</li> <li>Q. When?</li> <li>A. There's a differential diagnosis for</li> </ul>	2 3 4 5 6 7	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.
2 3 4 5 6 7 8	<ul> <li>A. Yes.</li> <li>Q. Can giant cells form in the body even if a foreign body is not present?</li> <li>A. Yes.</li> <li>Q. When?</li> <li>A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if</li> </ul>	2 3 4 5 6 7 8	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at
2 3 4 5 6 7 8 9	<ul> <li>A. Yes.</li> <li>Q. Can giant cells form in the body even if a foreign body is not present?</li> <li>A. Yes.</li> <li>Q. When?</li> <li>A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells,</li> </ul>	2 3 4 5 6 7 8 9	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern
2 3 4 5 6 7 8 9	<ul> <li>A. Yes.</li> <li>Q. Can giant cells form in the body even if a foreign body is not present?</li> <li>A. Yes.</li> <li>Q. When?</li> <li>A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues,</li> </ul>	2 3 4 5 6 7 8 9	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were
2 3 4 5 6 7 8 9 10	A. Yes. Q. Can giant cells form in the body even if a foreign body is not present? A. Yes. Q. When? A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues, they are a hallmark of granulomatous	2 3 4 5 6 7 8 9 10	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were not?
2 3 4 5 6 7 8 9 10 11	A. Yes. Q. Can giant cells form in the body even if a foreign body is not present? A. Yes. Q. When? A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues, they are a hallmark of granulomatous inflammation. Or granulomatous inflammation is	2 3 4 5 6 7 8 9 10 11	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were not?  A. But this is common sense. I mean
2 3 4 5 6 7 8 9 10 11 12	A. Yes. Q. Can giant cells form in the body even if a foreign body is not present? A. Yes. Q. When? A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues, they are a hallmark of granulomatous inflammation. Or granulomatous inflammation is collection of epithelioid histiocytes, and this	2 3 4 5 6 7 8 9 10 11 12 13	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were not?  A. But this is common sense. I mean there is a space between filaments, and the
2 3 4 5 6 7 8 9 10 11 12 13 14	A. Yes. Q. Can giant cells form in the body even if a foreign body is not present? A. Yes. Q. When? A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues, they are a hallmark of granulomatous inflammation is collection of epithelioid histiocytes, and this can include giant cells.	2 3 4 5 6 7 8 9 10 11 12 13 14	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were not?  A. But this is common sense. I mean there is a space between filaments, and the space between filaments was introduced by
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Yes. Q. Can giant cells form in the body even if a foreign body is not present? A. Yes. Q. When? A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues, they are a hallmark of granulomatous inflammation is collection of epithelioid histiocytes, and this can include giant cells. So giant cells, macrophages, giant	2 3 4 5 6 7 8 9 10 11 12 13 14 15	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were not?  A. But this is common sense. I mean there is a space between filaments, and the space between filaments was introduced by placing mesh in the body. So, therefore,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Yes. Q. Can giant cells form in the body even if a foreign body is not present? A. Yes. Q. When? A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues, they are a hallmark of granulomatous inflammation is collection of epithelioid histiocytes, and this can include giant cells. So giant cells, macrophages, giant cells can be seen in granulomatous inflammation.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were not?  A. But this is common sense. I mean there is a space between filaments, and the space between filaments was introduced by placing mesh in the body. So, therefore, anything from here to there in this
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Yes. Q. Can giant cells form in the body even if a foreign body is not present? A. Yes. Q. When? A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues, they are a hallmark of granulomatous inflammation. Or granulomatous inflammation is collection of epithelioid histiocytes, and this can include giant cells. So giant cells, macrophages, giant cells can be seen in granulomatous inflammation. Granulomatous inflammation can be seen as a reaction to foreign bodies, specific	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were not?  A. But this is common sense. I mean there is a space between filaments, and the space between filaments was introduced by placing mesh in the body. So, therefore, anything from here to there in this three-dimensional actually from here to
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. Can giant cells form in the body even if a foreign body is not present? A. Yes. Q. When? A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues, they are a hallmark of granulomatous inflammation. Or granulomatous inflammation is collection of epithelioid histiocytes, and this can include giant cells. So giant cells, macrophages, giant cells can be seen in granulomatous inflammation. Granulomatous inflammation can be seen as a reaction to foreign bodies, specific microorganisms, just necrotic debris of body,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	vessel, and whether it was congested before mesh placement?  A. Before placement? Q. Yes. A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh. Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were not?  A. But this is common sense. I mean there is a space between filaments, and the space between filaments was introduced by placing mesh in the body. So, therefore, anything from here to there in this three-dimensional actually from here to there, because this is a film, anything from here to there is an ingrown tissue which has
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. Can giant cells form in the body even if a foreign body is not present? A. Yes. Q. When? A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues, they are a hallmark of granulomatous inflammation. Or granulomatous inflammation is collection of epithelioid histiocytes, and this can include giant cells. So giant cells, macrophages, giant cells can be seen in granulomatous inflammation. Granulomatous inflammation can be seen as a reaction to foreign bodies, specific microorganisms, just necrotic debris of body, and some other obscure causes we don't know yet.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were not?  A. But this is common sense. I mean there is a space between filaments, and the space between filaments was introduced by placing mesh in the body. So, therefore, anything from here to there in this three-dimensional actually from here to there, because this is a film, anything from here to there is an ingrown tissue which has inhabited the mesh structure. You can get some
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Yes. Q. Can giant cells form in the body even if a foreign body is not present? A. Yes. Q. When? A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues, they are a hallmark of granulomatous inflammation is collection of epithelioid histiocytes, and this can include giant cells. So giant cells, macrophages, giant cells can be seen in granulomatous inflammation. Granulomatous inflammation can be seen as a reaction to foreign bodies, specific microorganisms, just necrotic debris of body, and some other obscure causes we don't know yet. Q. So if a surgery is done, let's say a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were not?  A. But this is common sense. I mean there is a space between filaments, and the space between filaments was introduced by placing mesh in the body. So, therefore, anything from here to there in this three-dimensional actually from here to there, because this is a film, anything from here to there is an ingrown tissue which has inhabited the mesh structure. You can get some sort of compression into this mesh structure,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. Can giant cells form in the body even if a foreign body is not present? A. Yes. Q. When? A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues, they are a hallmark of granulomatous inflammation is collection of epithelioid histiocytes, and this can include giant cells. So giant cells, macrophages, giant cells can be seen in granulomatous inflammation. Granulomatous inflammation can be seen as a reaction to foreign bodies, specific microorganisms, just necrotic debris of body, and some other obscure causes we don't know yet. Q. So if a surgery is done, let's say a mesh isn't put in, but a surgery is done and	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were not?  A. But this is common sense. I mean there is a space between filaments, and the space between filaments was introduced by placing mesh in the body. So, therefore, anything from here to there in this three-dimensional actually from here to there, because this is a film, anything from here to there is an ingrown tissue which has inhabited the mesh structure. You can get some sort of compression into this mesh structure, but you cannot fully fill all spaces.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. Can giant cells form in the body even if a foreign body is not present? A. Yes. Q. When? A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues, they are a hallmark of granulomatous inflammation is collection of epithelioid histiocytes, and this can include giant cells. So giant cells, macrophages, giant cells can be seen in granulomatous inflammation. Granulomatous inflammation can be seen as a reaction to foreign bodies, specific microorganisms, just necrotic debris of body, and some other obscure causes we don't know yet. Q. So if a surgery is done, let's say a mesh isn't put in, but a surgery is done and there's some necrotic tissue that results from	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were not?  A. But this is common sense. I mean there is a space between filaments, and the space between filaments was introduced by placing mesh in the body. So, therefore, anything from here to there in this three-dimensional actually from here to there, because this is a film, anything from here to there is an ingrown tissue which has inhabited the mesh structure. You can get some sort of compression into this mesh structure,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Yes. Q. Can giant cells form in the body even if a foreign body is not present? A. Yes. Q. When? A. There's a differential diagnosis for granulomatous inflammation. So giant cells, if we talk about macrophages in giant cells, because there are giant cells for other tissues, they are a hallmark of granulomatous inflammation is collection of epithelioid histiocytes, and this can include giant cells. So giant cells, macrophages, giant cells can be seen in granulomatous inflammation. Granulomatous inflammation can be seen as a reaction to foreign bodies, specific microorganisms, just necrotic debris of body, and some other obscure causes we don't know yet. Q. So if a surgery is done, let's say a mesh isn't put in, but a surgery is done and	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	vessel, and whether it was congested before mesh placement?  A. Before placement?  Q. Yes.  A. Before placement that vessel didn't exist, because this vessel grew into the mesh structure. This is within the mesh.  Q. Were there slides that you looked at pre and post-surgery that were able to discern what vessels were present and which ones were not?  A. But this is common sense. I mean there is a space between filaments, and the space between filaments was introduced by placing mesh in the body. So, therefore, anything from here to there in this three-dimensional — actually from here to there, because this is a film, anything from here to there is an ingrown tissue which has inhabited the mesh structure. You can get some sort of compression into this mesh structure, but you cannot fully fill all spaces.  Q. Turn to Figure 6, Page 22.

64 (Pages 250 to 253)

	Page 254		Page 256
1	A. Yes.	1	And see this, these are lipocytes, and
2	Q. Why did you take look at the top	2	they're much smaller. And these areas here and
3	picture. Why did you take this photograph?	3	there, there is fibrous tissue in-between them.
4	A. Because it's thrombosed, it's	4	This is a lipocyte, this is a lipocyte, here is
5	thrombosed capillary.	5	fibrous tissue in-between. So these are full
6	Q. There's not a legend or an arrow.	6	grown, and these are sort of sick lipocytes,
7	Where is the thrombosed capillary in the top	7	they don't have enough fat (indicating).
8	picture?	8	Q. Figures 8 and 9, those aren't
9	A. The whole capillary. You can see	9	Mrs. Edwards, correct?
10	in within the middle there's material which	10	A. No.
11	is degenerated. It means that there was a fiber	11	Q. No, they're not Mrs. Edwards?
12	and then it degenerated. This is not normal	12	A. They are not Mrs. Edwards.
13	appearance of blood vessel. This substance is	13	Q. Is it your contention I'm looking
14	not normally seen in capillaries. This means	14	at Figure 9, is it your opinion that when the
15	that the circulation stopped (indicating).	15	surgeon excised this tissue that they excised
16	Q. You're pointing to the center part of	16	part of the urethra?
17	the vessel and the bottom picture?	17	A. So some response can originate from
18	A. This material and this material, this	18	vaginal wall urethral bladder. Vaginal wall has
19	is not normal. And then this material, this is	19	this wispy sort of appearance of the muscle.
20	not normal (indicating). Normally you see	20	Urethra has more energized bundles and detrusor
21	erythrocytes and leukocytes in the capillaries.	21	bundle muscle, they have bundles of muscle
22	This is not normal content of blood vessel.	22	because they have to do a lot of work.
23	Q. Was that important in your Edwards	23	So if you look at the specimen, this
24	analysis?	24	is interesting, see this side has this wispy
25	A. Yes. It means that circulation	25	muscle (indicating).
	Page 255		Page 257
1	stopped in that capillary in these two	1	Q. You're pointing to the left side?
2	capillaries at least.	2	A. To the left side.
3	Q. Is the photograph on the bottom a	3	And this side has bundles
4	higher magnification of part of the top?	4	(indicating).
5	A. No. These are two different.	5	Q. You're pointing to the right side?
6	Q. Turn to Figure 7.	6	A. To the right side.
7	Now, this isn't Mrs. Edwards, correct?	7	So see the curve? So this was peeled
8	A. No.	8	off the urethra. So some of this muscle is
9	Q. It is or	9	probably stripped from the vaginal wall, some
10	A. It is not.	10	was from the urethra. So during dissection it
11	Q. What's the power of this Figure 7?	11	appears that some of the urethral muscle was
12	A. Times 10, or 25. It's hard to say.	12	removed.
13	Depends on how much it is cropped.	13	Q. Figure 10a, obviously this is not
14	Q. Now, in the middle there's fat	14	Mrs. Edwards, correct?
15	deposition here, and they look like little	15	A. No.
	circles.	16	Q. Do you know what brand this is in 10a?
16			
17	A. Yes.	17	A. Probably Boston Scientific. It's a
17 18	<ul><li>A. Yes.</li><li>Q. Or oblong holes.</li></ul>	18	thicker mesh. They use thicker mesh for
17 18 19	<ul><li>A. Yes.</li><li>Q. Or oblong holes.</li><li>A. Most of them are full circles, but</li></ul>	18 19	thicker mesh. They use thicker mesh for prolapse devices.
17 18 19 20	<ul><li>A. Yes.</li><li>Q. Or oblong holes.</li><li>A. Most of them are full circles, but</li><li>some of them are in the generation process.</li></ul>	18 19 20	thicker mesh. They use thicker mesh for prolapse devices.  Q. In Mrs. Edwards' specimens you didn't
17 18 19 20 21	<ul><li>A. Yes.</li><li>Q. Or oblong holes.</li><li>A. Most of them are full circles, but some of them are in the generation process.</li><li>They are pink. So normal fat is very</li></ul>	18 19 20 21	thicker mesh. They use thicker mesh for prolapse devices.  Q. In Mrs. Edwards' specimens you didn't see bladder wall, correct?
17 18 19 20 21 22	<ul> <li>A. Yes.</li> <li>Q. Or oblong holes.</li> <li>A. Most of them are full circles, but</li> <li>some of them are in the generation process.</li> <li>They are pink. So normal fat is very</li> <li>homogeneous, round circles throughout. Once you</li> </ul>	18 19 20 21 22	thicker mesh. They use thicker mesh for prolapse devices.  Q. In Mrs. Edwards' specimens you didn't see bladder wall, correct?  A. No. It's transvaginal placement. But
17 18 19 20 21 22 23	A. Yes. Q. Or oblong holes. A. Most of them are full circles, but some of them are in the generation process. They are pink. So normal fat is very homogeneous, round circles throughout. Once you have this collapse of adipose sites, they become	18 19 20 21 22 23	thicker mesh. They use thicker mesh for prolapse devices.  Q. In Mrs. Edwards' specimens you didn't see bladder wall, correct?  A. No. It's transvaginal placement. But I guess they can migrate. Sorry. I did not see
17 18 19 20 21 22	<ul> <li>A. Yes.</li> <li>Q. Or oblong holes.</li> <li>A. Most of them are full circles, but</li> <li>some of them are in the generation process.</li> <li>They are pink. So normal fat is very</li> <li>homogeneous, round circles throughout. Once you</li> </ul>	18 19 20 21 22	thicker mesh. They use thicker mesh for prolapse devices.  Q. In Mrs. Edwards' specimens you didn't see bladder wall, correct?  A. No. It's transvaginal placement. But

65 (Pages 254 to 257)

	Page 258		Page 260
1	Mrs. Edwards' specimen?	1	Q. So TE let's look at Figure TE5, the
2	A. I have to go and check with the	2	thrombosed capillaries. That's the same as
3	pictures.	3	Figure 6 which we looked at earlier on Page 22?
4	I think you asked about this. I	4	A. Yes.
5	probably missed that statement. I think I	5	Q. And that's Mrs. Edwards' mesh?
6	recognize this picture.	6	A. Yes.
7	Q. Which one are you looking at, Doctor,	7	Q. So in Figure 9, is that mislabeled?
8	just so we know?	8	A. Figure 9, just 9?
9	A. TE4a.	9	Q. Yes.
10	Q. You're on Page 61 of your expert	10	A. Yeah, I didn't provide this
11	report?	11	information that it was Ms. Edwards. Because I
12	A. Yes.	12	was providing this picture later on, I thought
13	Q. Okay. Go ahead.	13	that
14	A. So this is labeled Mrs. Edwards	14	Q. Turn to Page 28, Figure 12.
15	specimen. And I think in the first part of the	15	A. Yes.
16	expert report this picture was not labeled as	16	Q. Okay. This is Mrs. Edwards' specimen?
17	her specimen. It appears that I missed the	17	A. Yes.
18	labelling.	18	Q. We talked about the process of how the
19	So on Page 24	19	mesh came to get to this point, correct?
20	Q. Okay.	20	A. Yes.
21	A the lower images are for	21	Q. Is this a photo you took?
22	Ms. Edwards, at least lower images.	22	A. Yes.
23	Q. How do you know which one is correct?	23	Q. Okay. And what's the liquid that's in
24	How do you know whether or not it came from	24	the background below the specimen on Figure 12?
25	Mrs. Edwards?	25	A. Just formalin draining from the
	Page 259		Page 261
1	A. Because this was specifically selected	1	specimen.
2	and saved in a folder specifically for	2	Q. So this would have been after you took
3	Ms. Edwards. I was taking pictures at one time,	3	it out of formalin, but before it went through
4	loading the same memory card, so there's no way	4	the process to get into paraffin that we talked
5	of mixing them up.	5	about?
6	Q. And you have that memory card, or you	6	A. Yes.
7	have those folders in your computer?	7	Q. And that was the entirety of the
8	A. I save them, yes.	8	specimen that was in the formalin?
9	So we were talking about bladder wall.	9	A. Yes.
10	No, I did not see bladder wall.	10	Q. Figure 13a, can you tell me the power
11	Q. You didn't see urethral wall either in	11	on that?
12	Mrs. Edwards' case?	12	A. Very low. Either times 1 or times
13	A. TE4b, Page 62, the bundles on the	13	2.5.
14	right, they're too thick to be just vaginal	14	Q. Can you tell me the angle in which the
15	wall. Also the curving. So the curvature	15	microtome cut that tissue specimen?
16	around the urethra, this is wispy muscle in the	16	A. You mean mesh?
17	vaginal wall, these are bundles. You can	17	Q. Well, I mean the tissue specimen.
18	appreciate the difference, thicker bundles	18	A. Tissue orientation, tissue if it
19	towards urethral side, thinner wisps on the	19	doesn't have landmark specific, it doesn't
20	vaginal wall (indicating).	20	have because tissue around the mesh is sort
21	Q. So it's your just so I understand,	21	of about the same dimension. But the mesh can
22	it's your contention that TE4b is actually from	22	vary if it is flat. If it's round it's
	Mrs. Edwards?	23	difficult to rend, because any way you turn it's
23			and you will it s
23 24		24	some parts will be angled some parts will be
23 24 25	A. Yes. All images labeled "TE" are from Mrs. Edwards.	24 25	some parts will be angled, some parts will be perpendicular.

66 (Pages 258 to 261)

Q. Do you know how this mesh was oriented in this photograph?  A. It was oriented, you can see in the block, perpendicular, because you see cross-sections. So this part of the mesh is perpendicular. This part has a complex orientation because some filaments are perpendicular, some filaments are clearly parallel. Like this filament is almost parallel. So either mesh curled like this, or it curled like this. But in any case it's not a	1 2 3 4 5 6 7 8	samples processed?  MR. FABRY: Objection to form.  A. If it is fused by scar tissue, the deformation was fused in vivo.  BY MR. SNELL:  Q. You're saying "if." Was it?  A. It is.
in this photograph?  A. It was oriented, you can see in the block, perpendicular, because you see cross-sections. So this part of the mesh is perpendicular. This part has a complex orientation because some filaments are perpendicular, some filaments are clearly parallel. Like this filament is almost parallel. So either mesh curled like this, or	3 4 5 6 7 8	MR. FABRY: Objection to form. A. If it is fused by scar tissue, the deformation was fused in vivo. BY MR. SNELL: Q. You're saying "if." Was it? A. It is.
A. It was oriented, you can see in the block, perpendicular, because you see cross-sections. So this part of the mesh is perpendicular. This part has a complex orientation because some filaments are perpendicular, some filaments are clearly parallel. Like this filament is almost parallel. So either mesh curled like this, or	4 5 6 7 8	<ul><li>A. If it is fused by scar tissue, the deformation was fused in vivo.</li><li>BY MR. SNELL:</li><li>Q. You're saying "if." Was it?</li><li>A. It is.</li></ul>
block, perpendicular, because you see cross-sections. So this part of the mesh is perpendicular. This part has a complex orientation because some filaments are perpendicular, some filaments are clearly parallel. Like this filament is almost parallel. So either mesh curled like this, or	5 6 7 8	deformation was fused in vivo. BY MR. SNELL: Q. You're saying "if." Was it? A. It is.
cross-sections. So this part of the mesh is perpendicular. This part has a complex orientation because some filaments are perpendicular, some filaments are clearly parallel. Like this filament is almost parallel. So either mesh curled like this, or	6 7 8	<ul><li>Q. You're saying "if." Was it?</li><li>A. It is.</li></ul>
perpendicular. This part has a complex orientation because some filaments are perpendicular, some filaments are clearly parallel. Like this filament is almost parallel. So either mesh curled like this, or	7 8	A. It is.
orientation because some filaments are perpendicular, some filaments are clearly parallel. Like this filament is almost parallel. So either mesh curled like this, or	8	A. It is.
parallel. Like this filament is almost parallel. So either mesh curled like this, or		O Ol C-
parallel. Like this filament is almost parallel. So either mesh curled like this, or	9	Q. Okay. So
parallel. So either mesh curled like this, or		A. It's in the pictures. All spaces are
	10	filled by scar tissue. The shape is fused by
	11	scar tissue, scar tissue is mature, it occurred
flat structure anymore (indicating).	12	months before explantation.
Q. It's how you put it into the paraffin	13	Q. So it's your opinion, then, that the
block, correct?	14	way that you had Mrs. Edwards' mesh fixed in
A. I can only orient what is there. So	15	paraffin had no influence on that photograph,
· ·		correct?
	17	MR. FABRY: Objection to form.
· · · · · ·		A. On the shape of the mesh?
		BY MR. SNELL:
	· ·	Q. Yes.
•		A. It did not cause the deformation,
		because the deformation is fused by scar.
		Processing doesn't cause scar to appear in the
· · · · · · · · · · · · · · · · · · ·		spaces.
		Q. Turn to Page 14, and tell me what the
Page 263		Page 265
13?	1	power of this photo is. Figure 14.
A. One of the pieces is here. So one of	2	A. Figure 14.
the pieces there is this, or that, or this one	3	Q. I'm sorry.
is here. So if you can see that this end seems	4	A. Page 14.
to be flat, but we don't know what's going on	5	Q. Let me just ask a plain question.
there. So mesh goes like this and then curls at	6	On Page 31, we're looking at Figure
the end, creating this structure (indicating).	7	14, can you tell me the power of those two
Q. Is it your opinion that Mrs. Edwards'	8	photographs?
mesh was curled?	9	A. This is very low, either 1 or 2.5. I
A. Yes. It's here in the picture. This	10	think 1.
is deformed mesh. It's not flat. This is the	11	Q. This isn't Mrs. Edwards' mesh,
same mesh. One part is sectioned like this, but	12	correct?
then suddenly there are more structures in	13	A. No.
there. If it was one mesh, one flat plane, it	14	Q. No, it's not Mrs. Edwards'?
would just continue, and you wouldn't see that	15	A. It's not. I mean if you ask if it is
part of the image at all. This would be all	16	or isn't, it's easier for me to not easy.
filled like this. So this end, is it curled	17	Okay. It's not Ms. Edwards.
like this, or curled like that? But this end is	18	Q. Okay. Mrs. Edwards didn't have an
deformed. Because there is no other way to	19	infection, correct?
produce this orientation other than to deform a	20	MR. FABRY: Objection. Form.
mesh (indicating).	21	A. I don't know that. I did not see
Q. So it's your opinion that that type of	22	acute inflammation in the monitor firmly stated
Q. 50 it's your opinion that that type of		acate inframmation in the monitor minity stated
	23	•
orientation can't occur during the mesh sitting in the formalin for a year plus of time, and it	1	that there was bacterial infection, but subclinical amount of infection could be there.
1 t t S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If it's deformed, then choose to see if it's mostly on edge. In this case, this tail, or this further part is on edge perpendicular. But this one, any way you turn, there's no edge.  Q. And that's because that's the way that specimen was put into the paraffin?  A. No. Because it deformed in the body.  Q. How did it deform in the body when you're looking at Figure 28? Strike that.  How does Figure 12 match up to Figure  Page 263  13?  A. One of the pieces is here. So one of the pieces there is this, or that, or this one is here. So if you can see that this end seems to be flat, but we don't know what's going on there. So mesh goes like this and then curls at the end, creating this structure (indicating).  Q. Is it your opinion that Mrs. Edwards' mesh was curled?  A. Yes. It's here in the picture. This is deformed mesh. It's not flat. This is the same mesh. One part is sectioned like this, but then suddenly there are more structures in there. If it was one mesh, one flat plane, it would just continue, and you wouldn't see that part of the image at all. This would be all filled like this. So this end, is it curled like this, or curled like that? But this end is deformed. Because there is no other way to	if it's deformed, then choose to see if it's mostly on edge. In this case, this tail, or this further part is on edge perpendicular. But this one, any way you turn, there's no edge.  Q. And that's because that's the way that specimen was put into the paraffin?  A. No. Because it deformed in the body.  Q. How did it deform in the body when you're looking at Figure 28? Strike that.  How does Figure 12 match up to Figure  Page 263  13?  A. One of the pieces is here. So one of the pieces there is this, or that, or this one is here. So if you can see that this end seems to be flat, but we don't know what's going on there. So mesh goes like this and then curls at the end, creating this structure (indicating).  Q. Is it your opinion that Mrs. Edwards' mesh was curled?  A. Yes. It's here in the picture. This is deformed mesh. It's not flat. This is the same mesh. One part is sectioned like this, but then suddenly there are more structures in there. If it was one mesh, one flat plane, it would just continue, and you wouldn't see that part of the image at all. This would be all filled like this. So this end, is it curled like this, or curled like that? But this end is deformed. Because there is no other way to

	Page 266		Page 268
1	Q. You did not see pathologic evidence of	1	acute inflammation, that I did not see. But you
2	an infection?	2	need large amount of bacteria in the area to
3	A. I did not see morphologic evidence of	3	produce acute inflammation.
4	bacterial infection sufficient to be detected by	4	Q. You didn't see large amounts of acute
5	histological means. Gold standard for infection	5	inflammation in Mrs. Edwards' case?
6	is cultures.	6	A. No.
7	Q. Cultures done turned up positive in	7	Q. Turn to Page 32, Figure 15.
8	Mrs. Edwards' case that you saw?	8	A. Yes.
9	A. I don't know.	9	Q. This is not an Ethicon mesh, correct?
10	Q. Did you ask for them?	10	A. No.
11	A. No.	11	Q. I'm sorry, we just is it an Ethicon
12	Q. So you don't know whether based on	12	mesh, Figure 15?
13	everything you reviewed, you have not seen	13	A. It is not Ethicon mesh.
14	evidence of infection in Mrs. Edwards' case,	14	Q. All right.
15	correct?	15	MR. FABRY: Can we take a short break?
16	A. No. But it doesn't mean that it	16	MR. SNELL: Absolutely.
17	wasn't there. As I said, I'm a pathologist,	17	(Whereupon, a recess was taken from
18	pathologists detecting can detect only	18	3:25 p.m. to 3:33 p.m.)
19	specific infections. But gold standard for	19	BY MR. SNELL:
20	infection is microbiology, and this has to be	20	Q. Doctor, let's go to Figure 16a, the
21	done at the time of surgery.	21	new TVT-O mesh.
22	Q. Okay. And in Mrs. Edwards' case, did	22	This is the mesh that you stretched,
23	you see an abscess in the pathology?	23	correct?
24	A. No, I don't believe there was an	24	A. Yes.
25	abscess.	25	Q. Where is the mesh sheath?
	Davis 267		Daga 260
1	Page 267	1	Page 269
1	Q. Figure 15, Page 32.	1	A. It's removed.
2	A. Actually, yes, I didn't see abscess,	2	Q. Did you remove the mesh sheath before
3	but I think she had mesh exposure at the time of	3	or after you stretched it?  A. Before.
4	surgery. So I can state that because it was	4	
5	exposed, there was infection in there. It just	5 6	Q. And you stretched it for five minutes
6 7	didn't produce enough acute inflammation.	7	statically? A. Yes.
	Because if there is exposure of anything of the		
8	external surface, it is infected.	8	Q. What does that mean; you put a
9	Q. How is it infected?	9	continuous stretch on it for five minutes?
10 11	A. Anything on the surface is infected.	10	A. Yeah. The clamps were fixed in
11 12	It can be infected inside, but on the surface, definitely infected.	11 12	specific lengths.
	· · · · · · · · · · · · · · · · · · ·		Q. What type of clamps did you use for
13	Q. So what you're testifying to is that	13	this test?
14 15	there are bacteria on the surface following an	14	A. Hemostatic clamps.
	exposure?	15	Q. So you oriented the hemostatic clamps
16 17	A. There is bacteria always on the	16	on the ends of the mesh and pulled it?
	surface. Any external surfaces of our body or	17 18	A. Yes.
18 10	communicating with external surface have		Q. Did you measure the Newtons or force
19	bacteria. Bacteria can also be present inside,	19	in which you pulled it?
20 21	but on the surface they're always present.	20	A. No.
7.1	Q. But from everything you've looked at, there was no active infection that showed up in	21	Q. Were there any ANSI approved test
	mere was no active intection that showed lin in	22	methods that you used?
22	_	22	A No This is not as in fortune and 1
22 23	any cultures, correct?	23	A. No. This is not an industry grade
22	_	23 24 25	A. No. This is not an industry grade test. This is a test I would do just on a live device and what it can do in the body. That's

68 (Pages 266 to 269)

	Page 270		Page 272
1	my observational sort of testing as I would	1	essentially similar to the way it was before?
2	normally do with other implantable devices if I	2	MR. FABRY: Objection. Form.
3	have questions.	3	A. Similar, that's a questionable. I
4	Q. Have you ever looked at the TVT-O	4	mean the length has changed, therefore they're
5	instructions for use?	5	flattened.
6	A. Yes.	6	BY MR. SNELL:
7	Q. Do they describe doing any type of	7	Q. Are the pores larger, smaller, or how
8	pulling, like you did your test here with the	8	do they compare strike that.
9	sheath hole?	9	How do the pores in the bottom right
10	A. No. But the pulling is not simulated	10	picture compare to the pores in the top right
11	to insertion procedure. The pulling is	11	picture?
12	simulated to the processes which happened in the	12	A. They are deformed.
13	body.	13	Q. How?
14	Q. Looking at the bottom left photograph.	14	A. Stretched.
15	A. Yes.	15	Q. What's the distance difference between
16	Q. Did you stand that mesh up on end?	16	the top right and the top left photographs in
17	A. I wouldn't lay flat. I would have to	17	the mesh pores?
18	flatten it for the lower right. But after the	18	A. 10 percent. So 5 millimeters out of 5
19	stretch, it curls up. This is free shape it	19	centimeters is 10 percent. So the length of the
20	assumed after the stretching. After the	20	pores in the whole mesh is 10 percent larger
21	pressure was released, it curled up, and then it	21	than before the test.
22	couldn't lay flat.	22	Q. So after you submitted the mesh to
23	Q. What I'm asking is for the bottom left	23	this test, the length of the pores was 10
24	corner photograph, did you turn the mesh up on	24	percent longer?
25	its end, on its edge?	25	A. Yes. Along the stretched pores.
	·		
	Page 271		Page 273
1	A. It did it itself.	1	Q. And the width, was it about the same,
2	Q. Okay. And you can see through the	2	or did you even measure that?
3	mesh?	3	A. I don't know. I didn't measure that.
4	A. Yes.	4	It was smaller, but I didn't measure exactly by
5	Q. What's the white background?	5	how much.
6	A. Paper. A sheet of paper.	6	Q. Was this a mesh that was exposed to
7	Q. Okay. And that's a millimeter ruler	7	paraffin or any chemicals?
8	you have next to the mesh in the bottom right	8	A. No, not this one. I exposed it to
9	corner?	9	formalin later, not before the test.
10	A. Yes. It shows you that the mesh was 5	10	Q. And is this a test that you came up
11	centimeters, these marks, and stretched to six	11	with that's depicted in Figure 16a?
12	centimeters, 120 percent of original length.	12	A. Yes. I had new meshes and I saw the
13	And then the force was released, it curled up.	13	curling of the meshes, of explanted meshes. And
1 4	And then I had to flatten it, and measured the	14	when I had new meshes, tried to simulate what
14	,		
14 15	length between the marks, and it wasn't original	15	happens, and what happens sling is being placed
15 16		15 16	happens, and what happens sling is being placed to support the urethra. So the whole idea is it
15	length between the marks, and it wasn't original	1	
15 16	length between the marks, and it wasn't original 5 centimeters, it wasn't six centimeters, it	16	to support the urethra. So the whole idea is it
15 16 17	length between the marks, and it wasn't original 5 centimeters, it wasn't six centimeters, it returned somewhat close to original length, but	16 17	to support the urethra. So the whole idea is it applies some pressure on the urethra. So its
15 16 17 18	length between the marks, and it wasn't original 5 centimeters, it wasn't six centimeters, it returned somewhat close to original length, but it didn't really return to original length.	16 17 18	to support the urethra. So the whole idea is it applies some pressure on the urethra. So its counterforce would be stretching. So this
15 16 17 18 19	length between the marks, and it wasn't original 5 centimeters, it wasn't six centimeters, it returned somewhat close to original length, but it didn't really return to original length.  Q. The bottom right corner which shows	16 17 18 19	to support the urethra. So the whole idea is it applies some pressure on the urethra. So its counterforce would be stretching. So this stretching is a simulation of what happens
15 16 17 18 19 20	length between the marks, and it wasn't original 5 centimeters, it wasn't six centimeters, it returned somewhat close to original length, but it didn't really return to original length.  Q. The bottom right corner which shows the mesh next to the ruler, you can still see	16 17 18 19 20	to support the urethra. So the whole idea is it applies some pressure on the urethra. So its counterforce would be stretching. So this stretching is a simulation of what happens in vivo.
15 16 17 18 19 20 21	length between the marks, and it wasn't original 5 centimeters, it wasn't six centimeters, it returned somewhat close to original length, but it didn't really return to original length.  Q. The bottom right corner which shows the mesh next to the ruler, you can still see through those pores?	16 17 18 19 20 21	to support the urethra. So the whole idea is it applies some pressure on the urethra. So its counterforce would be stretching. So this stretching is a simulation of what happens in vivo.  Q. In your test you applied positive
15 16 17 18 19 20 21 22	length between the marks, and it wasn't original 5 centimeters, it wasn't six centimeters, it returned somewhat close to original length, but it didn't really return to original length.  Q. The bottom right corner which shows the mesh next to the ruler, you can still see through those pores?  A. Yes.	16 17 18 19 20 21 22	to support the urethra. So the whole idea is it applies some pressure on the urethra. So its counterforce would be stretching. So this stretching is a simulation of what happens in vivo.  Q. In your test you applied positive forces on the ends of the mesh and pulled it

	Page 274		Page 276
1	A. Yes.	1	specimen without a bark. Maybe if it's removed
2	Q. Do you know that TVT is implanted	2	very early it's not detectable. But all
3	without fixation?	3	specimens came to me with at least a one year
4	A. There is no stitching. It's implanted	4	exposure, so inflammation, no inflammation, it's
5	without stretching. But then it grows in, so	5	still there.
6	the tissue incorporation fixes the ends.	6	Q. Figures 20, 21, 22, 23, are those
7	Q. The growth the tissue grows into	7	TVT-O meshes?
8	the mesh?	8	A. 20.
9	A. Yes.	9	21, no. 21, no, it's not TVT. I did
10	Q. But TVT mesh is not sutured, correct?	10	section TVT meshes, just a quality, but I did
11	A. No. As far as I understand, no.	11	experiment with this. If I section further in
12	Q. As far as you understand, the TVT mesh	12	the block I can produce better quality slides of
13	is not sutured?	13	formalin-exposed TVT-O mesh.
14	A. Yes. As far as I understand, the TVT	14	Q. Figure 22 says "New mesh of the same
15	mesh is not sutured.	15	brand." Is that referring back to the meshes in
16	Q. Okay. Figure 18a, is that a picture	16	Figure 20?
17	from Mrs. Edwards?	17	A. Yes. So this was perfect set. Brand
18	A. No, it's not.	18	new mesh, no new exposure to formalin. By now I
19	Q. Is that an Ethicon mesh?	19	have the same mesh with one month exposure to
20	A. No.	20	formalin as a control, then a patient with one
21	Q. Figure 18 and Figure 19, are those	21	year of in vivo exposure, and then patient with
22	photographs of an Ethicon mesh?	22	nine years of in vivo exposure, no bark, very
23	A. No.	23	thin bark, much thicker bark.
24	Q. And are those photographs are	24	Q. Did you measure the thickness of the
25	Figures 18 and 19 photographs of Mrs. Edwards'	25	bark to determine whether there was a
	Page 275		Page 277
1	mesh?	1	statistically significant difference in that
2	A. No. This was interesting observation,	2	thickness as compared amongst those years?
3	because both belong to the same brand.	3	A. This bark was 1 to 2 microns, this
4	Q. Do you know what brand it was?	4	bark was 4 to 5 microns.
5	A. I believe AMS. And they were exposed	5	Q. Did you calculate whether that was
6	to different length in vivo, therefore I could	6	statistically significant? Strike that. Let me
7	compare degradation bark.	7	just that was a bad question.
8	Q. Have you seen any published scientific	8	Did you perform a calculation to
9	literature that describes a degradation bark?	9	determine whether that difference in thickness
10	A. In polypropylene?	10	of the bark that you claim is in those
11	Q. Yes.	11	photographs was a statistically significant
12	A. No. That's the problem, it's been	12	difference based on the samples?
13	around for 50 years and nobody detected it. At	13	MR. FABRY: Objection. Form.
14	least nobody detected it in cross-sections in	14	A. Within these two, no. It's a project
15	microscopy.	15	to perform. But at this stage, it was uniformly
16	Q. The use of the word "bark," that is	16	2 microns. I have never seen taken any
17	not a pathologic term, correct?	17	measurement from this patient more than 2
18	A. It's a descriptive term. That's how	18	microns. I can do statistical tests. But if
19	it looks. In pathology there are many words	19	you have all numbers, smaller or larger,
20	from food. Nutmeg lever is a pathological term.	20	statistical tests will be significant, because I
	Q. In Figures 18, 18b, this area by the	21	know that there's a researcher.
21		22	BY MR. SNELL:
21 22	bark, as you call if is there increased		17113, O1 11/1/1
22	bark, as you call it, is there increased inflammation at that area?	23	O. When you only have a limited number of
22 23	inflammation at that area?	23 24	Q. When you only have a limited number of samples, statistical significance isn't
22		23 24 25	Q. When you only have a limited number of samples, statistical significance isn't guaranteed, even though there may be a numerical

	Page 278		Page 280
1	difference. You know that as a scientist,	1	test, it's not that hard to do but I know as
2	correct?	2	a researcher that it will be indefinitely the
3	A. But you can measure.	3	p-value will be indefinitely small.
4	Q. No, you have no answer my question	4	Q. So what is the mean width then of the
5	first.	5	bark for the longer exposed meshes?
6	You know as a scientist that when you	6	A. 4 microns.
7	have a low number of samples that you are	7	Q. All right. And what is the confidence
8	analyzing and looking at to see whether there is	8	interval, 95 percent confidence interval?
9	a statistically significant difference, just	9	A. Didn't do that.
10	because there is a numerical difference does not	10	
11	necessarily mean there is a statistically	11	You mean for that specific mesh that I
12	significant difference; do you agree or disagree	12	was measuring? Q. Yes.
13	with that?	13	~
14			A. I didn't calculate confidence
	MR. FABRY: Can I just interpose an	14	interval. But it wasn't reaching 2 microns of
15	objection to the misuse of the term "statistical	15	the other.
16	significance" as to this hypothetical.	16	Q. Turn, if you would, to let me just
17	And you can go ahead and answer.	17	make a request on the record. Request for
18	BY MR. SNELL:	18	production of your pathology report in the
19	Q. Do you agree or disagree?	19	Edwards case.
20	A. Data points, not samples. The same	20	How many pages is it?
21	sample can be measured at different parts to	21	A. Two pages, one page.
22	create data points. Multiple data points can be	22	MR. FABRY: I'm pretty sure it's two.
23	put into statistical tests.	23	As certain as I can be, at some point it must
24	So if I measure barkness in different	24	have been produced to you. But
25	filaments from the same sample, this will create	25	MR. SNELL: It's not attached to his
	Page 279		Page 281
1	a large data set. Then it will reach	1	report, and it's never been produced to me, so I
2	statistical significance.	2	don't have it. If I had it, I would mark it,
3	Q. You haven't done that, though?	3	because I'd like to mark it and ask you about
4	A. I've done that. I measured filaments,	4	it.
_			It.
5	different filaments.	5	MR. FABRY: I didn't bring it.
6		5 6	
	different filaments.  Q. Where are your calculations showing that this is statistically significant		MR. FABRY: I didn't bring it.
6	Q. Where are your calculations showing	6	MR. FABRY: I didn't bring it. Can we go off the record for a second?
6 7	Q. Where are your calculations showing that this is statistically significant	6 7	MR. FABRY: I didn't bring it. Can we go off the record for a second? BY MR. SNELL:
6 7 8	Q. Where are your calculations showing that this is statistically significant different?	6 7 8	MR. FABRY: I didn't bring it. Can we go off the record for a second? BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's
6 7 8 9	<ul><li>Q. Where are your calculations showing that this is statistically significant different?</li><li>A. I didn't test, because all of these</li></ul>	6 7 8 9	MR. FABRY: I didn't bring it. Can we go off the record for a second? BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case?
6 7 8 9 10	Q. Where are your calculations showing that this is statistically significant different?  A. I didn't test, because all of these measurements were within 2-micron tests.  There's no point of doing statistical tests, the	6 7 8 9 10	MR. FABRY: I didn't bring it. Can we go off the record for a second? BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we
6 7 8 9 10 11	<ul><li>Q. Where are your calculations showing that this is statistically significant different?</li><li>A. I didn't test, because all of these measurements were within 2-micron tests.</li></ul>	6 7 8 9 10 11	MR. FABRY: I didn't bring it. Can we go off the record for a second? BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we Q. We're on the record.
6 7 8 9 10 11	Q. Where are your calculations showing that this is statistically significant different?  A. I didn't test, because all of these measurements were within 2-micron tests.  There's no point of doing statistical tests, the p-value will be indefinitely small. Because	6 7 8 9 10 11 12	MR. FABRY: I didn't bring it. Can we go off the record for a second? BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we Q. We're on the record. MR. FABRY: Okay. Do you want to deal
6 7 8 9 10 11 12 13	Q. Where are your calculations showing that this is statistically significant different?  A. I didn't test, because all of these measurements were within 2-micron tests. There's no point of doing statistical tests, the p-value will be indefinitely small. Because data sets I measured were completely separate, there were no overlap. There's no point of	6 7 8 9 10 11 12 13	MR. FABRY: I didn't bring it. Can we go off the record for a second?  BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we Q. We're on the record. MR. FABRY: Okay. Do you want to deal with getting the pathology report that you were
6 7 8 9 10 11 12 13	Q. Where are your calculations showing that this is statistically significant different?  A. I didn't test, because all of these measurements were within 2-micron tests. There's no point of doing statistical tests, the p-value will be indefinitely small. Because data sets I measured were completely separate, there were no overlap. There's no point of doing statistical tests.	6 7 8 9 10 11 12 13 14	MR. FABRY: I didn't bring it. Can we go off the record for a second?  BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we Q. We're on the record. MR. FABRY: Okay. Do you want to deal with getting the pathology report that you were just asking about? Or do you want to forget about that and move on to something else?
6 7 8 9 10 11 12 13 14	Q. Where are your calculations showing that this is statistically significant different?  A. I didn't test, because all of these measurements were within 2-micron tests.  There's no point of doing statistical tests, the p-value will be indefinitely small. Because data sets I measured were completely separate, there were no overlap. There's no point of doing statistical tests.  Everything is between 1 and 2,	6 7 8 9 10 11 12 13 14 15	MR. FABRY: I didn't bring it. Can we go off the record for a second?  BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we Q. We're on the record. MR. FABRY: Okay. Do you want to deal with getting the pathology report that you were just asking about? Or do you want to forget
6 7 8 9 10 11 12 13 14 15	Q. Where are your calculations showing that this is statistically significant different?  A. I didn't test, because all of these measurements were within 2-micron tests.  There's no point of doing statistical tests, the p-value will be indefinitely small. Because data sets I measured were completely separate, there were no overlap. There's no point of doing statistical tests.  Everything is between 1 and 2, everything here is between 4 and 5, no overlap.	6 7 8 9 10 11 12 13 14 15	MR. FABRY: I didn't bring it. Can we go off the record for a second?  BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we Q. We're on the record. MR. FABRY: Okay. Do you want to deal with getting the pathology report that you were just asking about? Or do you want to forget about that and move on to something else? MR. SNELL: I'm not forgetting about
6 7 8 9 10 11 12 13 14 15 16	Q. Where are your calculations showing that this is statistically significant different?  A. I didn't test, because all of these measurements were within 2-micron tests. There's no point of doing statistical tests, the p-value will be indefinitely small. Because data sets I measured were completely separate, there were no overlap. There's no point of doing statistical tests.  Everything is between 1 and 2, everything here is between 4 and 5, no overlap. You do statistical tests to see if the overlap	6 7 8 9 10 11 12 13 14 15 16	MR. FABRY: I didn't bring it. Can we go off the record for a second?  BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we Q. We're on the record. MR. FABRY: Okay. Do you want to deal with getting the pathology report that you were just asking about? Or do you want to forget about that and move on to something else? MR. SNELL: I'm not forgetting about it. BY MR. SNELL:
6 7 8 9 10 11 12 13 14 15 16 17	Q. Where are your calculations showing that this is statistically significant different?  A. I didn't test, because all of these measurements were within 2-micron tests. There's no point of doing statistical tests, the p-value will be indefinitely small. Because data sets I measured were completely separate, there were no overlap. There's no point of doing statistical tests.  Everything is between 1 and 2, everything here is between 4 and 5, no overlap. You do statistical tests to see if the overlap completely overlaps both data sets, or there is	6 7 8 9 10 11 12 13 14 15 16 17	MR. FABRY: I didn't bring it. Can we go off the record for a second?  BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we Q. We're on the record. MR. FABRY: Okay. Do you want to deal with getting the pathology report that you were just asking about? Or do you want to forget about that and move on to something else? MR. SNELL: I'm not forgetting about it.  BY MR. SNELL: Q. I just want to know, before I
6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Where are your calculations showing that this is statistically significant different?  A. I didn't test, because all of these measurements were within 2-micron tests.  There's no point of doing statistical tests, the p-value will be indefinitely small. Because data sets I measured were completely separate, there were no overlap. There's no point of doing statistical tests.  Everything is between 1 and 2, everything here is between 4 and 5, no overlap. You do statistical tests to see if the overlap completely overlaps both data sets, or there is a small overlap, therefore you calculate the	6 7 8 9 10 11 12 13 14 15 16 17 18	MR. FABRY: I didn't bring it. Can we go off the record for a second?  BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we Q. We're on the record. MR. FABRY: Okay. Do you want to deal with getting the pathology report that you were just asking about? Or do you want to forget about that and move on to something else? MR. SNELL: I'm not forgetting about it.  BY MR. SNELL: Q. I just want to know, before I transition to something else, I want to know did
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Where are your calculations showing that this is statistically significant different?  A. I didn't test, because all of these measurements were within 2-micron tests.  There's no point of doing statistical tests, the p-value will be indefinitely small. Because data sets I measured were completely separate, there were no overlap. There's no point of doing statistical tests.  Everything is between 1 and 2, everything here is between 4 and 5, no overlap. You do statistical tests to see if the overlap completely overlaps both data sets, or there is a small overlap, therefore you calculate the width of the overlap. If it's 5 percent or	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MR. FABRY: I didn't bring it. Can we go off the record for a second?  BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we Q. We're on the record. MR. FABRY: Okay. Do you want to deal with getting the pathology report that you were just asking about? Or do you want to forget about that and move on to something else? MR. SNELL: I'm not forgetting about it.  BY MR. SNELL: Q. I just want to know, before I
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Where are your calculations showing that this is statistically significant different?  A. I didn't test, because all of these measurements were within 2-micron tests.  There's no point of doing statistical tests, the p-value will be indefinitely small. Because data sets I measured were completely separate, there were no overlap. There's no point of doing statistical tests.  Everything is between 1 and 2, everything here is between 4 and 5, no overlap. You do statistical tests to see if the overlap completely overlaps both data sets, or there is a small overlap, therefore you calculate the width of the overlap. If it's 5 percent or less, it becomes that the difference is	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MR. FABRY: I didn't bring it. Can we go off the record for a second?  BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we Q. We're on the record. MR. FABRY: Okay. Do you want to deal with getting the pathology report that you were just asking about? Or do you want to forget about that and move on to something else? MR. SNELL: I'm not forgetting about it.  BY MR. SNELL: Q. I just want to know, before I transition to something else, I want to know did you generate a pathology report for the Huskey case?
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Where are your calculations showing that this is statistically significant different?  A. I didn't test, because all of these measurements were within 2-micron tests.  There's no point of doing statistical tests, the p-value will be indefinitely small. Because data sets I measured were completely separate, there were no overlap. There's no point of doing statistical tests.  Everything is between 1 and 2, everything here is between 4 and 5, no overlap. You do statistical tests to see if the overlap completely overlaps both data sets, or there is a small overlap, therefore you calculate the width of the overlap. If it's 5 percent or less, it becomes that the difference is 95 percent is present to 95 percent	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MR. FABRY: I didn't bring it. Can we go off the record for a second?  BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we Q. We're on the record. MR. FABRY: Okay. Do you want to deal with getting the pathology report that you were just asking about? Or do you want to forget about that and move on to something else? MR. SNELL: I'm not forgetting about it.  BY MR. SNELL: Q. I just want to know, before I transition to something else, I want to know did you generate a pathology report for the Huskey case? A. No, I didn't have a specimen.
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Where are your calculations showing that this is statistically significant different?  A. I didn't test, because all of these measurements were within 2-micron tests.  There's no point of doing statistical tests, the p-value will be indefinitely small. Because data sets I measured were completely separate, there were no overlap. There's no point of doing statistical tests.  Everything is between 1 and 2, everything here is between 4 and 5, no overlap. You do statistical tests to see if the overlap completely overlaps both data sets, or there is a small overlap, therefore you calculate the width of the overlap. If it's 5 percent or less, it becomes that the difference is	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MR. FABRY: I didn't bring it. Can we go off the record for a second?  BY MR. SNELL: Q. Did you make a report in Mrs. Huskey's case? A. Are we Q. We're on the record. MR. FABRY: Okay. Do you want to deal with getting the pathology report that you were just asking about? Or do you want to forget about that and move on to something else? MR. SNELL: I'm not forgetting about it.  BY MR. SNELL: Q. I just want to know, before I transition to something else, I want to know did you generate a pathology report for the Huskey case?

	Page 282		Page 284
1	MR. FABRY: We're working on getting	1	into areas that are as small as 500 nanometers
2	it for you right now. I agree, it didn't seem	2	wide?
3	to come with the copy of the expert report that	3	A. At least they can stick to
4	I received. But I have seen it, and it was my	4	pseudopodia.
5	sincere belief that at some point	5	Q. Well, this cell you have a picture of
6	MS. THOMPSON: It should have been	6	here which you say wedged into the crack, what's
7	attached. It was an oversight, I believe.	7	the width of that crack?
8	MR. FABRY: Okay.	8	A. About 600 nanometers. Or in the
9	MR. SNOWDEN: So it wasn't produced	9	width, the widest part is about 600 nanometers.
10	then?	10	Q. Okay. And 1,000 nanometers equals 1
11	MR. FABRY: I'm not saying that.	11	micron, correct?
12	MR. SNOWDEN: If it was an oversight	12	A. Yes.
13	and not attached it, wasn't produced.	13	Q. Is that correct?
14	MR. FABRY: It's oversight.	14	A. Yes.
15	MR. SNOWDEN: I'm trying to	15	Q. For Mrs. Edwards, did you look at all
16	understand.	16	of her medical records between the time of her
17	MR. FABRY: What she's saying is as	17	TVT-O implantation up until the time of when she
18	far as we can tell it was not attached to this	18	presented for explantation to see what were her
19	report.	19	symptoms and complaints during that six and a
20	MR. SNOWDEN: That you brought with	20	half year period?
21	you today?	21	A. No. As I mentioned, as a pathologist
22	MR. FABRY: That was produced as the	22	I extract only the information which is relevant
23	Rule 26 report.	23	to the specimen I examine, so I'm very
24	MR. SNOWDEN: Okay.	24	selective. Specifically I check what was time
25	MR. FABRY: What I'm saying is it has	25	of insertion, and records describing change of
	David 202		David 205
	Page 283		Page 285
1	been my belief that it was separately and	1	symptoms that appear after insertion, or
2	otherwise produced to you in the litigation.	2	symptoms which led to excision, and then records
3	But as I'm sitting here right now, I can't	3	of the excision and after excision. I'm reliant
4	answer the question, you know, where it went.	4	on clinical work-up of the differential
5	We're always a little bit relying on what other	5	diagnosis.
6	folks are telling us.	6	(Whereupon, Iakovlev Exhibit Number 8,
7	MR. SNOWDEN: I'm making sure we're	7	Pathology report in Ms. Edwards' case,
8	all on the same page.	8	was marked for identification.)
9			,
	MR. FABRY: None of that was supposed	9	BY MR. SNELL:
10	to be on the record.	10	BY MR. SNELL: Q. Exhibit 8 I've just handed you is a
10 11	to be on the record. BY MR. SNELL:	10 11	BY MR. SNELL: Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case.
10 11 12	to be on the record.  BY MR. SNELL:  Q. Let's go to Figure 28. You said	10 11 12	BY MR. SNELL: Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case. A. Yes.
10 11 12 13	to be on the record.  BY MR. SNELL:  Q. Let's go to Figure 28. You said there's a cell wedged in a crack in a	10 11 12 13	BY MR. SNELL:  Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case.  A. Yes.  Q. You've seen this document before, or
10 11 12 13 14	to be on the record.  BY MR. SNELL:  Q. Let's go to Figure 28. You said there's a cell wedged in a crack in a non-Ethicon transobturator sling?	10 11 12 13 14	BY MR. SNELL:  Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case.  A. Yes.  Q. You've seen this document before, or have you not?
10 11 12 13 14 15	to be on the record.  BY MR. SNELL:  Q. Let's go to Figure 28. You said there's a cell wedged in a crack in a non-Ethicon transobturator sling?  A. Yes.	10 11 12 13 14 15	BY MR. SNELL: Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case. A. Yes. Q. You've seen this document before, or have you not? A. Probably I did. Was it the same date?
10 11 12 13 14 15	to be on the record.  BY MR. SNELL:  Q. Let's go to Figure 28. You said there's a cell wedged in a crack in a non-Ethicon transobturator sling?  A. Yes.  Q. What type of cell is that?	10 11 12 13 14 15 16	BY MR. SNELL: Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case. A. Yes. Q. You've seen this document before, or have you not? A. Probably I did. Was it the same date? Probably I did, because if it's the same
10 11 12 13 14 15 16	to be on the record.  BY MR. SNELL:  Q. Let's go to Figure 28. You said there's a cell wedged in a crack in a non-Ethicon transobturator sling?  A. Yes.  Q. What type of cell is that?  A. Most likely macrophage.	10 11 12 13 14 15 16 17	BY MR. SNELL: Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case. A. Yes. Q. You've seen this document before, or have you not? A. Probably I did. Was it the same date? Probably I did, because if it's the same specimen, it usually comes with the specimen.
10 11 12 13 14 15 16 17	to be on the record.  BY MR. SNELL:  Q. Let's go to Figure 28. You said there's a cell wedged in a crack in a non-Ethicon transobturator sling?  A. Yes.  Q. What type of cell is that?  A. Most likely macrophage.  Q. And how did the macrophage get into	10 11 12 13 14 15 16 17	BY MR. SNELL: Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case. A. Yes. Q. You've seen this document before, or have you not? A. Probably I did. Was it the same date? Probably I did, because if it's the same specimen, it usually comes with the specimen. Q. You see at the top it says "Soft
10 11 12 13 14 15 16 17 18	to be on the record.  BY MR. SNELL:  Q. Let's go to Figure 28. You said there's a cell wedged in a crack in a non-Ethicon transobturator sling?  A. Yes.  Q. What type of cell is that?  A. Most likely macrophage.  Q. And how did the macrophage get into this non-Ethicon transobturator sling space?	10 11 12 13 14 15 16 17 18	BY MR. SNELL: Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case. A. Yes. Q. You've seen this document before, or have you not? A. Probably I did. Was it the same date? Probably I did, because if it's the same specimen, it usually comes with the specimen. Q. You see at the top it says "Soft tissue with chronic inflammation and focal
10 11 12 13 14 15 16 17 18 19 20	to be on the record.  BY MR. SNELL:  Q. Let's go to Figure 28. You said there's a cell wedged in a crack in a non-Ethicon transobturator sling?  A. Yes.  Q. What type of cell is that?  A. Most likely macrophage.  Q. And how did the macrophage get into this non-Ethicon transobturator sling space?  A. You told me yourself the inflammatory	10 11 12 13 14 15 16 17 18 19 20	BY MR. SNELL: Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case. A. Yes. Q. You've seen this document before, or have you not? A. Probably I did. Was it the same date? Probably I did, because if it's the same specimen, it usually comes with the specimen. Q. You see at the top it says "Soft tissue with chronic inflammation and focal foreign body giant cell reaction"?
10 11 12 13 14 15 16 17 18 19 20 21	to be on the record.  BY MR. SNELL:  Q. Let's go to Figure 28. You said there's a cell wedged in a crack in a non-Ethicon transobturator sling?  A. Yes.  Q. What type of cell is that?  A. Most likely macrophage.  Q. And how did the macrophage get into this non-Ethicon transobturator sling space?  A. You told me yourself the inflammatory cells squeeze into small spaces to deliver their	10 11 12 13 14 15 16 17 18 19 20 21	BY MR. SNELL: Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case. A. Yes. Q. You've seen this document before, or have you not? A. Probably I did. Was it the same date? Probably I did, because if it's the same specimen, it usually comes with the specimen. Q. You see at the top it says "Soft tissue with chronic inflammation and focal foreign body giant cell reaction"? A. Yes.
10 11 12 13 14 15 16 17 18 19 20 21 22	to be on the record.  BY MR. SNELL:  Q. Let's go to Figure 28. You said there's a cell wedged in a crack in a non-Ethicon transobturator sling?  A. Yes.  Q. What type of cell is that?  A. Most likely macrophage.  Q. And how did the macrophage get into this non-Ethicon transobturator sling space?  A. You told me yourself the inflammatory cells squeeze into small spaces to deliver their function.	10 11 12 13 14 15 16 17 18 19 20 21 22	BY MR. SNELL:  Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case.  A. Yes.  Q. You've seen this document before, or have you not?  A. Probably I did. Was it the same date?  Probably I did, because if it's the same specimen, it usually comes with the specimen.  Q. You see at the top it says "Soft tissue with chronic inflammation and focal foreign body giant cell reaction"?  A. Yes.  Q. Do you know whether or not you
10 11 12 13 14 15 16 17 18 19 20 21 22 23	to be on the record.  BY MR. SNELL:  Q. Let's go to Figure 28. You said there's a cell wedged in a crack in a non-Ethicon transobturator sling?  A. Yes.  Q. What type of cell is that?  A. Most likely macrophage.  Q. And how did the macrophage get into this non-Ethicon transobturator sling space?  A. You told me yourself the inflammatory cells squeeze into small spaces to deliver their function.  Q. I can't testify.	10 11 12 13 14 15 16 17 18 19 20 21 22 23	BY MR. SNELL: Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case. A. Yes. Q. You've seen this document before, or have you not? A. Probably I did. Was it the same date? Probably I did, because if it's the same specimen, it usually comes with the specimen. Q. You see at the top it says "Soft tissue with chronic inflammation and focal foreign body giant cell reaction"? A. Yes. Q. Do you know whether or not you actually reviewed this report prior to today?
10 11 12 13 14 15 16 17 18 19 20 21 22	to be on the record.  BY MR. SNELL:  Q. Let's go to Figure 28. You said there's a cell wedged in a crack in a non-Ethicon transobturator sling?  A. Yes.  Q. What type of cell is that?  A. Most likely macrophage.  Q. And how did the macrophage get into this non-Ethicon transobturator sling space?  A. You told me yourself the inflammatory cells squeeze into small spaces to deliver their function.	10 11 12 13 14 15 16 17 18 19 20 21 22	BY MR. SNELL:  Q. Exhibit 8 I've just handed you is a pathology report in Mrs. Edwards' case.  A. Yes.  Q. You've seen this document before, or have you not?  A. Probably I did. Was it the same date?  Probably I did, because if it's the same specimen, it usually comes with the specimen.  Q. You see at the top it says "Soft tissue with chronic inflammation and focal foreign body giant cell reaction"?  A. Yes.  Q. Do you know whether or not you

	Page 286		Page 288
1	did, because I always record if there's	1	examination and generation of the report.
2	pathology report accompanies the specimen.	2	BY MR. SNELL:
3	Q. The pathology report does not state	3	Q. Setting aside things like when you're
4	that there was any mesh exposure, correct?	4	doing someone is going to do a biopsy, if
5	A. It actually doesn't state any	5	you're going to try to assess the degree of
6	diagnosis at all. Artificial mesh gross	6	inflammation in the tissues, you need to look at
7	examination only. It's a statement that	7	the pathology slides as a pathologist, correct?
8	specimen was received and that's it. The mesh	8	A. To predict what degree I may see, I
9	itself wasn't examined.	9	don't have to look at the slides. To assess
10	Q. It says "A representative section of	10	what degree is there, I have to look at slides.
11	the soft tissue is submitted in Cassette A-1."	11	Q. You can make predictions, but when you
12	A. Soft tissue, not the mesh.	12	actually look at the slides, it may be within or
13	Q. "Soft tissue with chronic inflammation	13	outside of your predictions, correct?
14	and focal foreign body giant cell reaction"?	14	A. Yes. Because the prediction will be
15	A. They examined soft tissue, which is	15	based on my experience and knowledge.
16	outside of the mesh.	16	Q. At your hospital, do you issue
17	Q. So they looked at soft tissue that was	17	pathology reports without having reviewed the
18	outside the area of the mesh?	18	pathology specimen?
19	A. Outside of the mesh. Yes, they looked	19	A. No. I do not issue pathology reports
20	at soft tissue outside the mesh.	20	without reviewing specimens.
21	Q. And they found chronic inflammation	21	Q. Before you sign your name to a
22	and foreign body giant cell reaction?	22	pathology report, you will have viewed the
23	A. Yes.	23	pathology specimen at your hospital?
24	Q. And that can and that finding can	24	A. Pathology report is generated after
25	occur any time you do surgery in soft tissue?	25	reviewing specimens.
	Page 287		Page 289
1	A. Yes, it can happen immediately, a few	1	Q. You say under "Mrs. Huskey," take a
2	weeks after surgery.	2	look, the second paragraph under
3	Q. Why didn't you look at the specimen	3	"clinico-pathologic correlation," I'm on
4	for Mrs. Huskey?	4	Page 72
5	A. I wasn't given any.	5	A. Yes.
6	Q. I'm sorry?	6	Q you say "In these samples available
7	A. I didn't receive any specimens for	7	to me."
8	her.	8	Do you see that?
9	Q. As a pathologist, one of the key	9	A. Yes.
10	things you do is look at pathology specimens to	10	Q. What samples are you talking about
11	draw conclusions, correct?	11	there?
12	A. To generate a pathology report, yes, I	12	A. Samples of other explanted meshes.
13	need to look at the specimen.	13	Q. Not Mrs. Huskey's samples given to
14	Q. To generate a pathology opinion, in	14	you?
15	your normal course of work you look at the	15	A. No.
16	pathology slides?	16	Q. Am I correct that you are not talking
17	MR. MCCONNELL: Objection.	17	about samples from Mrs. Huskey?
18	A. Not always. Sometimes I'm asked	18	A. No, I'm not talking about
19	questions from clinicians, and we discuss what I	19	Mrs. Huskey's samples. These samples, pertinent
20		20	to either TVT-O meshes or other brands explanted
21	may see, what by biopsy methodology they can	21	
22	use, either it's a fine needle biopsy or it's a	22	from other patients.
23	larger excisional biopsy, and I guide them. Or	23	Q. Did you ask for the pathology explant
∠ ⊃	they ask if we take a biopsy, how I can help		in Mrs. Huskey's case?  A. Yes.
21	them in the enecitic differential diagnosis		
24 25	them in the specific differential diagnosis.  So not always my job is limited to	24 25	Q. When did you ask for that?

	Page 290		Page 292
1	A. When I was given when I was asked	1	purposes of investigating your opinions
2	to be an expert witness for this case, I said "I	2	regarding degradation?
3	need all pathology available for all patients."	3	A. As I said, I started the test at the
4	Q. And when was that for the Huskey case?	4	time of this report, couldn't complete it. It's
5	A. I don't remember now. It was sometime	5	still in formalin, some parts. So no completed
6	early this year. Because when I received	6	comparison.
7	Ms. Edwards', it's been sitting in my office for	7	Q. And the mesh that you looked at as a
8	long time.	8	control which you exposed to the formalin and
9	MR. SNELL: Let's go off the record	9	then the paraffin was a mesh by another
10	for a minute.	10	manufacturer?
11	(Off the record discussion.)	11	A. Yes. It was AMS.
12	BY MR. SNELL:	12	Q. Okay. Was it a pelvic organ prolapse
13	Q. Doctor, I believe you earlier	13	mesh, or a sling mesh?
14	testified strike that.	14	A. It was a sling; exactly look like
15	Did you have a control TVT-O mesh?	15	TVT-O, just without blue filaments.
16	MR. FABRY: Objection to form.	16	Q. Now, that AMS sling mesh never had
17	A. You mean control new?	17	tissue on it, am I correct?
18	BY MR. SNELL:	18	A. No.
19	Q. Yes.	19	Q. No, I'm not correct?
20	A. As a control?	20	A. It never had any tissue on it.
21	Q. Yes.	21	Q. Okay. Did that AMS sling mesh
22	A. Yes, I did.	22	strike that.
23	Q. Did you do any testing on that control	23	Was that AMS sling mesh exposed to
24	TVT-O mesh?	24	proteins in the human body?
25	A. I did stretch tests. I put it in	25	A. It was not exposed to proteins.
1	Page 291 formalin, I think I still had parts of it in	1	Page 293  That's the whole purpose of the control, not to
2	formalin mand then put it in paraffin.	2	get it exposed. Exposed to everything else but
3	Q. Are there any pictures or results of	3	the body.
4	any testing you did on that control mesh?	4	Q. Okay. And how long was that control
5	A. As I told you, that for that specific	5	AMS mesh sling exposed to formalin?
6	block it was difficult, filaments were floating	6	A. The latest test came after one month
7	out, so I ended up with just non-TVT-O. I can	7	exposure to formalin.
8	section it again, but at the time of the report	8	Q. So, for example, Mrs. Edwards' mesh
9	the sections floated.	9	was in formalin for over a year?
10	Q. So you didn't compare Mrs. Edwards'	10	A. Yes. But I had other patients which
11	TVT-O mesh to a TVT-O control mesh, correct?	11	had their mesh only for 72 hours in formalin,
12	MR. FABRY: Objection. Form.	12	especially at St. Michael's, or other samples
13	A. For degradation?	13	which are coming in paraffin blocks, they're
14	BY MR. SNELL:	14	processed in 48 to 72 hours.
15	Q. For anything.	15	Q. Did you have a control mesh sample
16	A. No. The only thing I was testing new	16	which had been exposed to formalin for the same
17	was degradation.	17	length of time that Mrs. Edwards' mesh was
18	Q. So we're clear, did you compare	18	exposed to formalin?
19	Mrs. Edwards' TVT-O mesh to a TVT-O control mesh	19	A. Actually had it longer, because her
20	for the purposes of your degradation analyses?	20	initial H&E sections were exposed to formalin
21	A. Not at the time of the report. The	21	within reasonable lab time, which is 48 to 72
22	experiment is still ongoing.	22	hours. The specimen I processed, it had over a
	Q. Have you made well, have you done	23	year exposure to formalin. But the slides which
23			
24	it as we sit here today, compared Mrs. Edwards'	24	were cut initially, original, they were exposed
	it as we sit here today, compared Mrs. Edwards' TVT-O mesh to a control TVT-O mesh for the	24 25	were cut initially, original, they were exposed to formalin only four days. The lab procedures

	Page 294		Page 296
1	say usually within three days.	1	degradation?
2	Q. For the processing you did, your	2	A. I observed the staining of the bark
3	control was exposed to formalin for a month at	3	and polarized it.
4	the most?	4	Q. Is it generally accepted in the
5	A. Yes.	5	medical community to use immunohistochemical
6	Q. What's the minimum that your control	6	staining to ascertain the amount that the stain
7	was exposed to formalin for?	7	soaks up in material?
8	A. 48 hours, 48 to 72 hours. I just put	8	A. Yes, it's called measuring protein
9	it in the same bucket with regular specimens.	9	expression. By the intensity of staining you
10	Q. On the H&E slides from Emory which you	10	measure amount of expression of a protein.
11	looked at, the three slides, that's the sum	11	Q. And is there any medical literature
12	total of slides you've looked at from Emory for	12	that reports on the degree or amount of stain
13	Mrs. Edwards?	13	which is soaked up by polypropylene that you've
14	A. Yes.	14	located?
15	Q. Okay. And did you see this bark,	15	A. No. It doesn't soak anything.
16	degradation bark, in those three H&E slides from	16	Q. I'm sorry?
17	Emory?	17	A. It does not soak any fluids. It's
18	A. I've seen bark in all explanted	18	hydrophobic.
19	meshes, in all slides. I don't remember	19	Q. Was there any inflammation from the
20	anything, so it must be there. I mean I would	20	degradation that you saw in Mrs. Edwards' case?
21	have to the only time when I don't see the	21	A. Repeat the question, please?
22	bark when there are no filaments. If those	22	Inflammation?
23	slides contain the bark the filaments, I saw	23	Q. Was there inflammation from the
24	the bark.	24	degradation you claim occurred in Mrs. Edwards'
25	Q. As you sit here today, do you know	25	case?
	Page 295		Page 297
1	whether you saw bark in those three H&E slides	1	A. Well, I see degradation and I see
2	from Emory?	2	inflammation at the same time. Specifically
3	A. I don't remember.	3	determine what is triggering that inflammation
4	<ul> <li>Q. Did you take photographs of what you</li> </ul>	4	
		4	or if there are multiple triggers is impossible,
5	saw in those three slides from Emory?	5	because there can be multiple triggers. I see
5 6	saw in those three slides from Emory?  A. I can't have some pictures of those		
	•	5	because there can be multiple triggers. I see
6	A. I can't have some pictures of those	5 6	because there can be multiple triggers. I see degradation and I see inflammation all occurring
6 7	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.	5 6 7	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark,
6 7 8	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is	5 6 7 8	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of
6 7 8 9	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.	5 6 7 8 9	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark,
6 7 8 9 10	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.  Q. Did you  A. I did not note a difference between my sections and those, Emory. If there was a	5 6 7 8 9	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark, as you call it, in Mrs. Edwards' case?  A. Yes. All inflammatory cells surround concentrated around the filaments.
6 7 8 9 10	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.  Q. Did you A. I did not note a difference between my	5 6 7 8 9 10	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark, as you call it, in Mrs. Edwards' case?  A. Yes. All inflammatory cells
6 7 8 9 10 11	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.  Q. Did you  A. I did not note a difference between my sections and those, Emory. If there was a	5 6 7 8 9 10 11 12	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark, as you call it, in Mrs. Edwards' case?  A. Yes. All inflammatory cells surround concentrated around the filaments.
6 7 8 9 10 11 12	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.  Q. Did you A. I did not note a difference between my sections and those, Emory. If there was a difference I would have noticed, and remembered	5 6 7 8 9 10 11 12 13	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark, as you call it, in Mrs. Edwards' case?  A. Yes. All inflammatory cells surround concentrated around the filaments.  The bark is at the surface of the filaments.
6 7 8 9 10 11 12 13	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.  Q. Did you A. I did not note a difference between my sections and those, Emory. If there was a difference I would have noticed, and remembered that.	5 6 7 8 9 10 11 12 13	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark, as you call it, in Mrs. Edwards' case?  A. Yes. All inflammatory cells surround concentrated around the filaments.  The bark is at the surface of the filaments.  Q. Show me an example in your expert
6 7 8 9 10 11 12 13 14	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.  Q. Did you A. I did not note a difference between my sections and those, Emory. If there was a difference I would have noticed, and remembered that.  Q. Did you make any notes as you reviewed	5 6 7 8 9 10 11 12 13 14	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark, as you call it, in Mrs. Edwards' case?  A. Yes. All inflammatory cells surround concentrated around the filaments.  The bark is at the surface of the filaments.  Q. Show me an example in your expert report where there's a higher concentration of
6 7 8 9 10 11 12 13 14 15	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.  Q. Did you A. I did not note a difference between my sections and those, Emory. If there was a difference I would have noticed, and remembered that.  Q. Did you make any notes as you reviewed the slides?	5 6 7 8 9 10 11 12 13 14 15 16	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark, as you call it, in Mrs. Edwards' case?  A. Yes. All inflammatory cells surround concentrated around the filaments.  The bark is at the surface of the filaments.  Q. Show me an example in your expert report where there's a higher concentration of inflammatory cells at the bark, and where there
6 7 8 9 10 11 12 13 14 15 16	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.  Q. Did you A. I did not note a difference between my sections and those, Emory. If there was a difference I would have noticed, and remembered that.  Q. Did you make any notes as you reviewed the slides?  A. Yes. They all were put in drafts, and	5 6 7 8 9 10 11 12 13 14 15 16 17	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark, as you call it, in Mrs. Edwards' case?  A. Yes. All inflammatory cells surround concentrated around the filaments.  The bark is at the surface of the filaments.  Q. Show me an example in your expert report where there's a higher concentration of inflammatory cells at the bark, and where there are no inflammatory cells away from the mesh.
6 7 8 9 10 11 12 13 14 15 16 17	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.  Q. Did you A. I did not note a difference between my sections and those, Emory. If there was a difference I would have noticed, and remembered that.  Q. Did you make any notes as you reviewed the slides?  A. Yes. They all were put in drafts, and then the the first pathology report, and then	5 6 7 8 9 10 11 12 13 14 15 16 17	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark, as you call it, in Mrs. Edwards' case?  A. Yes. All inflammatory cells surround concentrated around the filaments.  The bark is at the surface of the filaments.  Q. Show me an example in your expert report where there's a higher concentration of inflammatory cells at the bark, and where there are no inflammatory cells away from the mesh.  A. This (indicating). This is the bark,
6 7 8 9 10 11 12 13 14 15 16 17 18	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.  Q. Did you A. I did not note a difference between my sections and those, Emory. If there was a difference I would have noticed, and remembered that.  Q. Did you make any notes as you reviewed the slides?  A. Yes. They all were put in drafts, and then the the first pathology report, and then I continued reviewing them, and they were put in	5 6 7 8 9 10 11 12 13 14 15 16 17 18	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark, as you call it, in Mrs. Edwards' case?  A. Yes. All inflammatory cells surround concentrated around the filaments.  The bark is at the surface of the filaments.  Q. Show me an example in your expert report where there's a higher concentration of inflammatory cells at the bark, and where there are no inflammatory cells away from the mesh.  A. This (indicating). This is the bark, here's inflammation cells, these are no
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.  Q. Did you A. I did not note a difference between my sections and those, Emory. If there was a difference I would have noticed, and remembered that.  Q. Did you make any notes as you reviewed the slides?  A. Yes. They all were put in drafts, and then the the first pathology report, and then I continued reviewing them, and they were put in the expert report.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark, as you call it, in Mrs. Edwards' case?  A. Yes. All inflammatory cells surround concentrated around the filaments.  The bark is at the surface of the filaments.  Q. Show me an example in your expert report where there's a higher concentration of inflammatory cells at the bark, and where there are no inflammatory cells away from the mesh.  A. This (indicating). This is the bark, here's inflammation cells, these are no inflammation cells.
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.  Q. Did you  A. I did not note a difference between my sections and those, Emory. If there was a difference I would have noticed, and remembered that.  Q. Did you make any notes as you reviewed the slides?  A. Yes. They all were put in drafts, and then the the first pathology report, and then I continued reviewing them, and they were put in the expert report.  MR. SNELL: Let's go off the record.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark, as you call it, in Mrs. Edwards' case?  A. Yes. All inflammatory cells surround concentrated around the filaments.  The bark is at the surface of the filaments.  Q. Show me an example in your expert report where there's a higher concentration of inflammatory cells at the bark, and where there are no inflammatory cells away from the mesh.  A. This (indicating). This is the bark, here's inflammation cells, these are no inflammation cells.  MR. FABRY: What image are you looking
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I can't have some pictures of those slides. I'm not sure if they're in the report or they're in different ones. The quality is visually worse than from the previous slides.  Q. Did you  A. I did not note a difference between my sections and those, Emory. If there was a difference I would have noticed, and remembered that.  Q. Did you make any notes as you reviewed the slides?  A. Yes. They all were put in drafts, and then the the first pathology report, and then I continued reviewing them, and they were put in the expert report.  MR. SNELL: Let's go off the record. (Off the record discussion.)	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	because there can be multiple triggers. I see degradation and I see inflammation all occurring at the same time.  Q. Did you see a higher concentration of inflammatory cells near the area of this bark, as you call it, in Mrs. Edwards' case?  A. Yes. All inflammatory cells surround concentrated around the filaments.  The bark is at the surface of the filaments.  Q. Show me an example in your expert report where there's a higher concentration of inflammatory cells at the bark, and where there are no inflammatory cells away from the mesh.  A. This (indicating). This is the bark, here's inflammation cells, these are no inflammation cells.  MR. FABRY: What image are you looking at, Doctor?

	Page 298		Page 300
1	Q. Page 37, Figure 19b is not	1	calculations to look at the inflammatory cells
2	Mrs. Edwards, correct?	2	in a certain power field to see whether there
3	A. No. If you want me to go specifically	3	was a statistically significant difference in
4	to Mrs. Edwards, figure Page 70, Figure	4	the areas next to the mesh or away from the
5	TE10a, see these cells? These are all	5	mesh?
6	inflammatory cells, and this is scar. So no	6	A. No. This is observation, it doesn't
7	inflammatory cells here. All inflammatory cells	7	need specific calculations. If I do
8	are right against the inflammatory cells. This	8	calculations I have to this is done for
9	is the bark.	9	purpose of 95 percent accuracy or certainty.
10	Same thing here, Figure 68, Figure	10	For just descriptive, I don't need to do this
11	TE9a, bark, inflammatory cells. Tissue is	11	testing, otherwise I would be doing my reports
12	collagen (indicating).	12	forever for one patient.
13	Q. Hold on.	13	MR. SNELL: Let's go off the record.
14	In Figure TE9a, there are inflammatory	14	(Off the record discussion.)
15	cells away from what you've labeled as	15	BY MR. SNELL:
16	degradation bark, correct?	16	Q. The inflammatory cells that you saw in
17	A. So this is inflammatory cells.	17	the tissues of Mrs. Edwards' explants, what are
18	Q. And there are inflammatory cells to	18	the different processes or causes of those
19	the left of that as well, correct?	19	inflammatory cells being present?
20	A. Well, there might be another filament	20	A. Inflammation can happen to foreign
21	here. I didn't look.	21	body. If a foreign body is inert, the amount of
22	Q. I don't want might.	22	inflammation is minimal to no inflammation at
23	These dark dots to the left of the	23	all. So the foreign body should release some
24	degradation bark, to the left of where you've	24	chemicals to be recognized as a foreign. That's
25	labeled tissue, are inflammatory cells, correct?	25	where I think we can think about degradation,
	Page 299		Page 301
1	A. Yes, they are, in this specific	1	release of molecules off the surface.
2	photograph.	2	Then there can be bacteria which also
3	Q. All right.	3	trigger inflammatory responses.
4	A. Now if we go back to this stain.	4	Q. Why does the bark take up the stain?
5	Q. You're on TE7b?	5	A. Why barks takes the stain? It's
6	A. 66. Figure TE7b, this upper part, two	6	porosity. The porous, cracks, they just trap
7	crossing filaments, inflammatory cells are here,		
	ereseing mannenes, minutes y come are note,	7	histological stains specifically. You can do it
8	there's not much inflammatory cells away. The	8	histological stains specifically. You can do it green, blue, black, any dye will stay there.
8 9			histological stains specifically. You can do it
	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory	8 9 10	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.
9	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?	8 9	histological stains specifically. You can do it green, blue, black, any dye will stay there.  I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why
9 10	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.	8 9 10	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.
9 10 11	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.  Q. And there are inflammatory cells	8 9 10 11	histological stains specifically. You can do it green, blue, black, any dye will stay there.  I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why
9 10 11 12	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.  Q. And there are inflammatory cells throughout all of the tissue in-between the mesh	8 9 10 11 12	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why didn't you do any scanning electron microscopy
9 10 11 12 13	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.  Q. And there are inflammatory cells	8 9 10 11 12 13	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why didn't you do any scanning electron microscopy on Mrs. Edwards?
9 10 11 12 13 14	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.  Q. And there are inflammatory cells throughout all of the tissue in-between the mesh filaments in the top and the bottom, correct?  A. Scattered, yet not concentrated.	8 9 10 11 12 13 14	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why didn't you do any scanning electron microscopy on Mrs. Edwards?  A. I don't think it contributes. It
9 10 11 12 13 14	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.  Q. And there are inflammatory cells throughout all of the tissue in-between the mesh filaments in the top and the bottom, correct?  A. Scattered, yet not concentrated.  Q. So in the left corner, can you see	8 9 10 11 12 13 14 15	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why didn't you do any scanning electron microscopy on Mrs. Edwards?  A. I don't think it contributes. It doesn't answer any questions.
9 10 11 12 13 14 15	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.  Q. And there are inflammatory cells throughout all of the tissue in-between the mesh filaments in the top and the bottom, correct?  A. Scattered, yet not concentrated.	8 9 10 11 12 13 14 15 16	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why didn't you do any scanning electron microscopy on Mrs. Edwards?  A. I don't think it contributes. It doesn't answer any questions.  Q. Can you say that are you saying
9 10 11 12 13 14 15 16 17	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.  Q. And there are inflammatory cells throughout all of the tissue in-between the mesh filaments in the top and the bottom, correct?  A. Scattered, yet not concentrated.  Q. So in the left corner, can you see	8 9 10 11 12 13 14 15 16 17	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why didn't you do any scanning electron microscopy on Mrs. Edwards?  A. I don't think it contributes. It doesn't answer any questions.  Q. Can you say that are you saying that there is if one were to look at
9 10 11 12 13 14 15 16 17	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.  Q. And there are inflammatory cells throughout all of the tissue in-between the mesh filaments in the top and the bottom, correct?  A. Scattered, yet not concentrated.  Q. So in the left corner, can you see concentrations of inflammatory cells?	8 9 10 11 12 13 14 15 16 17	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why didn't you do any scanning electron microscopy on Mrs. Edwards?  A. I don't think it contributes. It doesn't answer any questions.  Q. Can you say that are you saying that there is if one were to look at Mrs. Edwards' explants under scanning electron
9 10 11 12 13 14 15 16 17 18	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.  Q. And there are inflammatory cells throughout all of the tissue in-between the mesh filaments in the top and the bottom, correct?  A. Scattered, yet not concentrated.  Q. So in the left corner, can you see concentrations of inflammatory cells?  A. Oh, this is just tissue artifact, just	8 9 10 11 12 13 14 15 16 17 18	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why didn't you do any scanning electron microscopy on Mrs. Edwards?  A. I don't think it contributes. It doesn't answer any questions.  Q. Can you say that are you saying that there is if one were to look at Mrs. Edwards' explants under scanning electron microscope, there would not be any findings of
9 10 11 12 13 14 15 16 17 18 19 20	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.  Q. And there are inflammatory cells throughout all of the tissue in-between the mesh filaments in the top and the bottom, correct?  A. Scattered, yet not concentrated.  Q. So in the left corner, can you see concentrations of inflammatory cells?  A. Oh, this is just tissue artifact, just folded.	8 9 10 11 12 13 14 15 16 17 18 19 20	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why didn't you do any scanning electron microscopy on Mrs. Edwards?  A. I don't think it contributes. It doesn't answer any questions.  Q. Can you say that are you saying that there is if one were to look at Mrs. Edwards' explants under scanning electron microscope, there would not be any findings of significance?
9 10 11 12 13 14 15 16 17 18 19 20 21	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.  Q. And there are inflammatory cells throughout all of the tissue in-between the mesh filaments in the top and the bottom, correct?  A. Scattered, yet not concentrated.  Q. So in the left corner, can you see concentrations of inflammatory cells?  A. Oh, this is just tissue artifact, just folded.  Q. Just tissue artifact?	8 9 10 11 12 13 14 15 16 17 18 19 20 21	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why didn't you do any scanning electron microscopy on Mrs. Edwards?  A. I don't think it contributes. It doesn't answer any questions.  Q. Can you say that are you saying that there is if one were to look at Mrs. Edwards' explants under scanning electron microscope, there would not be any findings of significance?  A. It will be finding of a cracking. I
9 10 11 12 13 14 15 16 17 18 19 20 21 22	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.  Q. And there are inflammatory cells throughout all of the tissue in-between the mesh filaments in the top and the bottom, correct?  A. Scattered, yet not concentrated.  Q. So in the left corner, can you see concentrations of inflammatory cells?  A. Oh, this is just tissue artifact, just folded.  Q. Just tissue artifact?  A. Yes. That specific yes, there	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why didn't you do any scanning electron microscopy on Mrs. Edwards?  A. I don't think it contributes. It doesn't answer any questions.  Q. Can you say that are you saying that there is if one were to look at Mrs. Edwards' explants under scanning electron microscope, there would not be any findings of significance?  A. It will be finding of a cracking. I can look in microscope just with a reflected
9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	there's not much inflammatory cells away. The bark is here, bark is there (indicating).  Q. The blue dots are the inflammatory cells?  A. Yes.  Q. And there are inflammatory cells throughout all of the tissue in-between the mesh filaments in the top and the bottom, correct?  A. Scattered, yet not concentrated.  Q. So in the left corner, can you see concentrations of inflammatory cells?  A. Oh, this is just tissue artifact, just folded.  Q. Just tissue artifact?  A. Yes. That specific yes, there could be, but in that specific picture it's an	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	histological stains specifically. You can do it green, blue, black, any dye will stay there. I've done it green, I've done it red, I've done it any color.  Q. For the degradation analyses, why didn't you do any scanning electron microscopy on Mrs. Edwards?  A. I don't think it contributes. It doesn't answer any questions.  Q. Can you say that are you saying that there is if one were to look at Mrs. Edwards' explants under scanning electron microscope, there would not be any findings of significance?  A. It will be finding of a cracking. I can look in microscope just with a reflected light. I can I have actually done pictures

	Page 302		Page 304
1	electron microscopy.	1	is collagen, that's how it looks under polarized
2	Q. You didn't do that for Mrs. Edwards?	2	light.
3	A. No, because it doesn't contribute. It	3	MR. FABRY: For the record, Doctor,
4	shows cracks, but then you're stuck with if the	4	which image are we looking at?
5	cracks is inspissated in body protein or	5	THE WITNESS: 70, Page 70, picture
6	polypropylene, I cannot analyze what the	6	TE10a.
7	material is on the surface, in the	7	MR. FABRY: That would be an image
8	cross-sections I can't analyze it.	8	specifically from
9	Q. The crack can be from the body's	9	MR. SNELL: Hold on. This is my exam.
10	proteins, that's one source?	10	If you want to ask those questions, you can feel
11	A. Yes.	11	free.
12	Q. And another source for your opinion is	12	BY MR. SNELL:
13	that the cracks can be from degraded	13	Q. What other tissue cells light up
14	polypropylene?	14	during polarized light?
15	A. Yes. So if you see cracked material	15	A. Cells will not polarize. There are
16	in the surface, it can be either polypropylene	16	some proteins which can polarize light, some.
17	crack or protein.	17	This would be collagen, amyloid, other proteins.
18	Q. Did you attempt to isolate this bark	18	The degree of polarization is much lower.
19	that you opine is in the slides and chemically	19	Why are we discussing this? There are
20	analyze it?	20	granules, blue granules which your company
21	A. No.	21	inserted and it's right in the bark. This is
22	Q. Are any of the Plaintiffs' experts	22	useless discussion.
23	currently doing that analysis?	23	Q. Where do you see the blue granules?
24	A. They're comparing scratched anodes,	24	A. Here, Page 71, blue granules are in
25	scratched filaments. But to me, I can polarize	25	the bark. This is polypropylene.
	Page 303		Page 305
1	it. If I see that the bark is synthetic,	1	Q. So
2	polarized acts as a polypropylene optically, it	2	A. Figure TE10b.
3	is a polypropylene. So this is the type of	3	MR. SNELL: Are you testifying over
4	chemical analysis I do under microscope. I	4	there, Margaret?
5	analyze optical properties of the material.	5	MS. THOMPSON: To Andy.
6	Q. Actually optical properties, when	6	A. This is Figure TE10b. See the blue
7	you're looking at polarized light, is not a	7	granules? This is bark. So the inner layers of
8	chemical analysis?	8	the bark are staining lightly, because the
9	A. No. But it reflects chemical	9	pores, the cracks are small, they do not absorb
10	composition.	10	as much dye. But also degradation process is
11	Q. And you know that polarized light will	11	not as advanced to destroy this granule.
12	reflect all things besides polypropylene,	12	Once you go towards the surface, the
13	correct?	13	cracks open, the pores are larger, they absorb
14	A. Say it again?	14	more dye, therefore staining is darker, and the
15	Q. If you look at slides of tissue under	15	blue granules lose their color.
16	polarized light, a polypropylene mesh is not the	16	This is logical. I mean how much
17	only thing that will light up and be shown in	17	better you can get?
18	the polarization, correct?	18	BY MR. SNELL:
19	A. Foreign bodies, most foreign bodies	19	Q. By what process does these blue
20	able to polarize light will polarize.	20	what do you call them granules lose their
21	Q. Have you looked at the medical	21	color?
22	literature to see whether collagen reflects	22	A. Degradation. They degrade.
23	under polarized light?	23	Q. How?
24	A. Collagen polarizes light to much less	24	A. The same way as well, specific
25	a degree. You can see it in the pictures. This	25	chemical process?

	Page 306		Page 308
1	Q. Yes. Are you talking oxidation? What	1	Number 9, your pathology report, to the
2	are you talking about?	2	deposition today, did you?
3	A. This has to be studied. I'm not a	3	A. No. I believe it was served to you
4	material scientist. I don't think anybody knows	4	before.
5	exactly. There is hypothesis of oxidation and	5	MR. SNELL: I'll make an application
6	reactive species, but I mean I'm not a materials	6	to come back.
7	scientist.	7	That's all the questions I have for
8	Q. There's people who analyzed whether	8	now.
9	there is alleged oxidation, and they found that	9	Let me just make one thing.
10	there is no oxidation. You're aware of that	10	BY MR. SNELL:
11	leak research, correct?	11	Q. Doctor, I want you to preserve all of
12	A. I don't know. This is polypropylene,	12	the materials that we discussed that you have at
13	it's completely different, behaving differently	13	your lab and that's part of your file, all the
14	than non-degraded polypropylene. And it doesn't	14	photos, all the samples, all the exemplars, the
15	form by formalin alone, it forms in vivo.	15	controls.
16	Q. Slide TE10b, what power or	16	You understand that?
17	magnification was that at?	17	A. Yes.
18	A. This is 100 oil immersion. These are	18	Q. Okay.
19	all pictures of degradation of 100 objective oil	19	A. Pertinent to TVT-O litigation?
20	immersion.	20	Q. Pertinent to all, because my request
21	Q. That was under a light microscope, or	21	goes beyond TVT-O.
22	an electron microscope?	22	A. I cannot preserve if I'm requested to
23	A. Light.	23	supply specimens for the litigation. If I
24	MR. SNELL: Go off.	24	receive the same request from another company, I
25	(Off the record discussion.)	25	have to supply it to them.
	Page 307		Page 309
-			
1	(Whereupon, Iakovlev Exhibit Number 9, Dr. Iakovlev's pathology report for	1	Q. That's fine.
2		1 1	D-4
		2	But so your expert reports and your
3	Mrs. Edwards' specimen, was marked for	3	pathology reports you've issued on other
4	Mrs. Edwards' specimen, was marked for identification.)	3 4	pathology reports you've issued on other litigation meshes, you still have those
4 5	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL:	3 4 5	pathology reports you've issued on other litigation meshes, you still have those pathology reports?
4 5 6	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit	3 4 5 6	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential
4 5 6 7	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition.	3 4 5 6 7	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.
4 5 6 7 8	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes.	3 4 5 6 7 8	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having
4 5 6 7 8 9	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in	3 4 5 6 7 8	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That
4 5 6 7 8 9	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case?	3 4 5 6 7 8 9	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.
4 5 6 7 8 9 10	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report.	3 4 5 6 7 8 9 10	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:
4 5 6 7 8 9 10 11	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report. Q. Strike that.	3 4 5 6 7 8 9 10 11	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:  Q. I'm just asking you to preserve
4 5 6 7 8 9 10 11 12 13	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report. Q. Strike that. Identify for the record what Exhibit	3 4 5 6 7 8 9 10 11 12 13	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:  Q. I'm just asking you to preserve  A. I will preserve everything I can.
4 5 6 7 8 9 10 11 12 13 14	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report. Q. Strike that. Identify for the record what Exhibit Number 9 is.	3 4 5 6 7 8 9 10 11 12 13 14	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:  Q. I'm just asking you to preserve  A. I will preserve everything I can.  MR. SNELL: Thank you.
4 5 6 7 8 9 10 11 12 13 14 15	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report. Q. Strike that. Identify for the record what Exhibit Number 9 is. A. It's a pathology report for	3 4 5 6 7 8 9 10 11 12 13 14 15	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:  Q. I'm just asking you to preserve  A. I will preserve everything I can.  MR. SNELL: Thank you.  MR. FABRY: No questions. We'll
4 5 6 7 8 9 10 11 12 13 14 15 16	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report. Q. Strike that. Identify for the record what Exhibit Number 9 is. A. It's a pathology report for Mrs. Edwards' specimen.	3 4 5 6 7 8 9 10 11 12 13 14 15 16	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:  Q. I'm just asking you to preserve  A. I will preserve everything I can.  MR. SNELL: Thank you.  MR. FABRY: No questions. We'll reserve our questions for trial.
4 5 6 7 8 9 10 11 12 13 14 15 16 17	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report. Q. Strike that. Identify for the record what Exhibit Number 9 is. A. It's a pathology report for Mrs. Edwards' specimen. Q. Did you prepare that report?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:  Q. I'm just asking you to preserve  A. I will preserve everything I can.  MR. SNELL: Thank you.  MR. FABRY: No questions. We'll reserve our questions for trial.  Thank you.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report. Q. Strike that. Identify for the record what Exhibit Number 9 is. A. It's a pathology report for Mrs. Edwards' specimen. Q. Did you prepare that report? A. Yes.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:  Q. I'm just asking you to preserve  A. I will preserve everything I can.  MR. SNELL: Thank you.  MR. FABRY: No questions. We'll reserve our questions for trial.  Thank you.  (Whereupon, the deposition was
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report. Q. Strike that. Identify for the record what Exhibit Number 9 is. A. It's a pathology report for Mrs. Edwards' specimen. Q. Did you prepare that report? A. Yes. MR. SNELL: Just note for the record	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:  Q. I'm just asking you to preserve  A. I will preserve everything I can.  MR. SNELL: Thank you.  MR. FABRY: No questions. We'll reserve our questions for trial.  Thank you.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report. Q. Strike that. Identify for the record what Exhibit Number 9 is. A. It's a pathology report for Mrs. Edwards' specimen. Q. Did you prepare that report? A. Yes. MR. SNELL: Just note for the record we received this about 20 minutes ago.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:  Q. I'm just asking you to preserve  A. I will preserve everything I can.  MR. SNELL: Thank you.  MR. FABRY: No questions. We'll reserve our questions for trial.  Thank you.  (Whereupon, the deposition was
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report. Q. Strike that. Identify for the record what Exhibit Number 9 is. A. It's a pathology report for Mrs. Edwards' specimen. Q. Did you prepare that report? A. Yes. MR. SNELL: Just note for the record we received this about 20 minutes ago. BY MR. SNELL:	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:  Q. I'm just asking you to preserve  A. I will preserve everything I can.  MR. SNELL: Thank you.  MR. FABRY: No questions. We'll reserve our questions for trial.  Thank you.  (Whereupon, the deposition was
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report. Q. Strike that. Identify for the record what Exhibit Number 9 is. A. It's a pathology report for Mrs. Edwards' specimen. Q. Did you prepare that report? A. Yes. MR. SNELL: Just note for the record we received this about 20 minutes ago. BY MR. SNELL: Q. Let me take a look at that, Doctor,	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:  Q. I'm just asking you to preserve  A. I will preserve everything I can.  MR. SNELL: Thank you.  MR. FABRY: No questions. We'll reserve our questions for trial.  Thank you.  (Whereupon, the deposition was
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report. Q. Strike that. Identify for the record what Exhibit Number 9 is. A. It's a pathology report for Mrs. Edwards' specimen. Q. Did you prepare that report? A. Yes. MR. SNELL: Just note for the record we received this about 20 minutes ago. BY MR. SNELL: Q. Let me take a look at that, Doctor, because I don't have a separate copy.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:  Q. I'm just asking you to preserve  A. I will preserve everything I can.  MR. SNELL: Thank you.  MR. FABRY: No questions. We'll reserve our questions for trial.  Thank you.  (Whereupon, the deposition was
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Mrs. Edwards' specimen, was marked for identification.) BY MR. SNELL: Q. Doctor, I'm going to attach Exhibit Number 9 to your deposition. A. Yes. Q. This is your expert report in Mrs. Edwards' case? A. No. This is pathology report. Q. Strike that. Identify for the record what Exhibit Number 9 is. A. It's a pathology report for Mrs. Edwards' specimen. Q. Did you prepare that report? A. Yes. MR. SNELL: Just note for the record we received this about 20 minutes ago. BY MR. SNELL: Q. Let me take a look at that, Doctor,	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	pathology reports you've issued on other litigation meshes, you still have those pathology reports?  A. Pathology reports have confidential names of the patients. I can provide pictures.  MR. FABRY: Right now we're not having a discussion about what will be produced. That will be a separate discussion.  BY MR. SNELL:  Q. I'm just asking you to preserve  A. I will preserve everything I can.  MR. SNELL: Thank you.  MR. FABRY: No questions. We'll reserve our questions for trial.  Thank you.  (Whereupon, the deposition was

78 (Pages 306 to 309)

	Page 310	Page 312
1	COMMONWEALTH OF MASSACHUSETTS )	1
2	SUFFOLK, SS. )	ERRATA
3	I, MAUREEN O'CONNOR POLLARD, RMR, CLR,	2
4	and Notary Public in and for the Commonwealth of	3 PAGE LINE CHANGE
5	Massachusetts, do certify that on the 18th day	4
6	of March, 2014, at 8:14 o'clock, the person	5 REASON:
7	above-named was duly sworn to testify to the	6
8	truth of their knowledge, and examined, and such	7 REASON:
9	examination reduced to typewriting under my	8
10	direction, and is a true record of the testimony	9 REASON:
11	given by the witness. I further certify that I	10
12	am neither attorney, related or employed by any	11 REASON:
13	of the parties to this action, and that I am not	12 REASON:
14	a relative or employee of any attorney employed	1.4
15	by the parties hereto, or financially interested	15 REASON:
16	in the action.	16
17	In witness whereof, I have hereunto	17 REASON:
18	set my hand this 30th day of March, 2014.	18
19		19 REASON:
20		
21	MAUREEN O'CONNOR POLLARD, NOTARY PUBLIC	21 REASON:
22	Realtime Systems Administrator CSR #149108	22
24	CSIC#147100	23 REASON:
25		25
		33
	Dama 211	
	Page 311	Page 313
1	INSTRUCTIONS TO WITNESS	Page 313  1 ACKNOWLEDGMENT OF DEPONENT
1 2		1 ACKNOWLEDGMENT OF DEPONENT 2
		1 ACKNOWLEDGMENT OF DEPONENT 2 3 I,, do
2	INSTRUCTIONS TO WITNESS  Please read your deposition over carefully and make any necessary corrections.	1 ACKNOWLEDGMENT OF DEPONENT 2
2 3 4 5	INSTRUCTIONS TO WITNESS  Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate	ACKNOWLEDGMENT OF DEPONENT  I,, do Hereby certify that I have read the foregoing pages, and that the same is a correct transcription of the answers given by me to the
2 3 4 5 6	INSTRUCTIONS TO WITNESS  Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections	ACKNOWLEDGMENT OF DEPONENT  I,, do Hereby certify that I have read the foregoing pages, and that the same is a correct transcription of the answers given by me to the questions therein propounded, except for the
2 3 4 5 6 7	INSTRUCTIONS TO WITNESS  Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.	ACKNOWLEDGMENT OF DEPONENT  I,, do Hereby certify that I have read the foregoing pages, and that the same is a correct transcription of the answers given by me to the
2 3 4 5 6 7 8	INSTRUCTIONS TO WITNESS  Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10 11	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10 11 12 13	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10 11 12 13 14	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be	ACKNOWLEDGMENT OF DEPONENT  I,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be	ACKNOWLEDGMENT OF DEPONENT  I,

79 (Pages 310 to 313)

	Page 314	
1	LAWYER'S NOTES	
2	PAGE LINE	
3		
4		
5		
6 7	·	
8		
9		
10		
11		
12		
13 14	<del></del>	
15		
16		
17		
18		
19		
20 21	<del></del>	
22		
23		
24		
25		

80 (Page 314)